

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036258

STATE FILE NUMBER

FILED OCT 29 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4772

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE MISSOURI COUNTY JACKSON			
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		b. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2455 FOREST				Length of stay in lb 38 YRS		d. STREET ADDRESS (If outside, give location) 2544 FOREST	
3. NAME OF DECEASED (Type or print) First ADA Middle BELLE Last BATES				4. DATE OF DEATH Month OCT. Day 8- Year 1958			
5. SEX FEMALE		6. COLOR OR RACE COLORED		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-6-1879	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 7 Days 9		IF UNDER 24 HRS. Hours 7 Min. 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE				10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) ARCHIE COUNTY, TEXAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME PLES ME CONNELL				14. MOTHER'S MAIDEN NAME ELLA ANNA JONES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. NONE		17. INFORMANT FAYE GUINN Address 643 TROUP K.C. MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Parenchymatous hepatitis DUE TO (c) 3 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 3 yrs							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 541 X					
20c. TIME OF INJURY Hour 10 a. m. 10 p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 9-3-58 to 10-8-58 and last saw her alive on 10-8-58 Death occurred at 10-8-58 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. C. Lewis, M.D.				22b. ADDRESS 210 Lincoln Bldg		22c. DATE SIGNED 10-10-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-11-58		23c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE LAWN		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR BROWN-HUDSON K.C. MO.				25. DATE RECD. BY LOCAL REG. 10-10-58		26. REGISTRAR'S SIGNATURE never minshall	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. C. Lewis

300
1-56



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 45

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.