Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-036300

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4696

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): WHEATLEY HOSPT. — Length of stay in Ib: 18 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 2411 E. 29th St. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First LOUISE — Middle M. — Last CARLISS

4. DATE OF DEATH: Month Oct. — Day 2 — Year 1958

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Sept. 18, 1914

9. AGE (In years last birthday): 44 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Ice Cream Parlor

11. BIRTHPLACE (City and state or country): Muskogee, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Level

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Nathan Carliss

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.: 500-22-8143

17. INFORMANT: Nathan Carliss — Address: 2411 E. 29th St. — Husband

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Lobar Pneumonia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bronchogenic Carcinoma	
DUE TO (c)		162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 Aug. 24, 1951, to Oct. 2, 1958 and last saw her/him alive on Oct. 2, 1958
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. V. Miller, MD (Degree or title) — **22b. ADDRESS** 1211 Paseo — **22c. DATE SIGNED** 10-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 10-6-58 — **23c. NAME OF CEMETERY OR CREMATORY**: Highland — **23d. LOCATION** (City, town, or county) (State): Kans. City, Missouri

24. FUNERAL DIRECTOR — **ADDRESS**: Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.: 10-6-58

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

L.V. Miller

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 Bruce L. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Beatty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.