Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001538

STATE FILE NUMBER 265

JAN 28 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA. MERCY HOSPT. — Length of stay in 1b 27 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) 1618 Olive — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First FLOSSIE Middle Last STATEN

4. DATE OF DEATH Month January Day 13 Year 1959

5. SEX Female

6. COLOR OR RACE Negro

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

8. DATE OF BIRTH 12-26-1903

9. AGE (In years last birthday) 55 ~~53~~ 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) Laundry Work

10b. KIND OF BUSINESS OR INDUSTRY Wayne Towel & Linen Co.

11. BIRTHPLACE (City and state or country) Monroe, Ark.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hayward Staten

13b. MOTHER'S MAIDEN NAME Classie Williams

14. NAME OF HUSBAND OR WIFE —

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. 496-05-5655

17. INFORMANT Jeannetta Hopkins Address 1618 Olive Daughter

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a) Acute Dilatation of Heart

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) Myocardial Insufficiency

INTERVAL BETWEEN ONSET AND DEATH

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

Obesity - Cardiac Decompensation

19. WAS AUTOPSY PERFORMED? YES [X] 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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. Tillman M.D. Degree or title Deputy Coroner

22b. ADDRESS 1618 Lydia Ave

22c. DATE SIGNED 1/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1-17-59

23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn

23d. LOCATION (City, town, or county) (State) Kans. City, Missouri

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

25. DATE RECD. BY LOCAL REG. 1-15-59

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

L. M. Tillman

APR 1 5 1963

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 R. Watkins.....

Licensed Embalmer No.....450.....

P. O. Address.....18th & Paul

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.