

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009597

STATE FILE NUMBER

1184

MAR 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) General Hospital #2		STREET ADDRESS 1014 Troost	

3. NAME OF DECEASED (Type or print) Bernice Pasley	4. DATE OF DEATH March 1, 1959
--	--

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1908	9. AGE (In years, months, days) 50
----------------------	-------------------------------	---	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Callaway Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
---	-----------------------------------	---	--

13a. FATHER'S NAME Morris Scott	13b. MOTHER'S MAIDEN NAME Nora Lucas	14. NAME OF HUSBAND OR WIFE Raymond Pasley
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Raymond Pasley	Address 1014 Troost
--	--	--	-------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetes mellitus with acidosis and coma.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute pyelonephritis with abscess formation		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 K. O. MO	COUNTY _____	STATE _____
---	---	--	---	--------------	-------------

21. I attended the deceased from 2-26-59 to 3-1-59 and last saw her alive on 3-1-59 Death occurred at 8:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS 600 East 22nd Street	22c. DATE SIGNED 3-4-59
--------------------------------------	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-6-59	23c. NAME OF CEMETERY OR CREMATORY Blue Ridgeham	23d. LOCATION (City, town, or county) (State) K. O. MO
--	----------------------------	--	--

24. FUNERAL DIRECTOR E. Sterling Bills	ADDRESS 1212 1/2 N. 1st St	25. DATE RECD. BY LOCAL REG. 3-4-59	26. REGISTRAR'S SIGNATURE neva munsell
--	--------------------------------------	---	--

All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 E. Frank Ellis

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

E. Sterling Bull

Licensed Embalmer No.

3178

P. O. Address

1212 W. ...

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.