

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009731

STATE FILE NUMBER  
1286

FILED MAR 26 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

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-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hosp.</u>		Length of stay in lb <u>56 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>2108 Summit</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MAYE</u> Middle <u>LAURA</u> Last <u>WATSON</u>			4. DATE OF DEATH Month <u>3</u> Day <u>6</u> Year <u>59</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2- DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 23-1892</u>
9. AGE (In years last birthday) <u>66</u>		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) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Abilene Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Rudolph KAUFMAN</u>	
13b. MOTHER'S MAIDEN NAME <u>Beda BOWMAN</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Watson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give type of service) <u>No</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Estelle KEANS</u> Address <u>1018 41st St. M.C.M.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Pancreas</u>			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)			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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>2-23-59</u> to <u>3-6-59</u> and last saw her/him alive on <u>3-6-59</u> Death occurred at <u>11:10 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Abraham Gelperin</u>		22b. ADDRESS <u>Gen. Hosp.</u>	22c. DATE SIGNED <u>3-6-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>MAR 9-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Kan</u>
24. FUNERAL DIRECTOR <u>Estes</u> Address <u>1901 Olathe Blvd Kansas City Kan</u>		25. DATE RECD. BY LOCAL REG. <u>3-10-59</u>	26. REGISTRAR'S SIGNATURE <u>Reva Winchell</u>

All diseases in Part I must be causally related.

Abraham Gelperin M.D. Blue Black Ink or Ribbon Type Write if Possible

MEDICAL CERTIFICATION

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 *Paul R. Williamson* .....

Licensed Embalmer No. *5009* .....

P. O. Address *Overland Park* .....

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.