

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021283

FILED JUL 8 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER 2945  
Registrar's No.

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) <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) <u>St. Mary Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>5021 E. 8th St.</u>	
3. NAME OF DECEASED (Type or print) <u>Lena</u>		4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1959</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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-5-1867</u>
9. AGE (In years, if UNDER 1 YEAR 1st birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTH PLACE (City and state or country) <u>Le Roy, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Bratcher</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret</u>	
14. NAME OF HUSBAND OR WIFE <u>Lou D. Covert</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or of unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>4200F</u>		17. INFORMANT <u>Mrs. Truth Anne Levi Summit</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>Rupture of heart</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>old arteriosclerotic heart</u> DUE TO (c) <u>disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200F</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Fell back yard - broke Rt hip</u>	
20c. TIME OF INJURY Hour <u>6</u> Month <u>6</u> Day <u>5</u> Year <u>59</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City Jackson Mo.</u>	
21. I attended the deceased from <u>5/16-59</u> to <u>6/16-59</u> and last seen alive on <u>6/15-59</u> Death occurred at <u>home</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	
22b. ADDRESS <u>Coyne Rd</u>		22c. DATE SIGNED <u>6/17/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-18-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Le Roy Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Le Roy, Kansas</u>	
24. FUNERAL DIRECTOR <u>C. H. Blackman &amp; Son Inc</u>		25. DATE RECD. BY LOCAL REG. <u>6-17-59</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

F. L. Fieberabend USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service

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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 *W.C. Reine* .....

Licensed Embalmer No. *4879* .....

P. O. Address *W.C. Reine* .....

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.