

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021454

FILED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2648

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) OR TOWN KANSAS CITY		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2616 Olive		Length of stay in hospital 14 yrs.	d. STREET ADDRESS (If outside, give location) 2616 Olive

3. NAME OF DECEASED (Type or print) First MIDDLE Last EDITH BLAINE JAMES			4. DATE OF DEATH Month Day Year May 25, 1959		
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5. SEX Female	6. COLOR OR RACE 3 Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 8, 1896	9. AGE (In years last birthday) 63 yrs.	
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10a. USUAL OCCUPATION (Give time of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brenham, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Johnson	13b. MOTHER'S MAIDEN NAME Malinda Brown	14. NAME OF HUSBAND OR WIFE Jasper James
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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. 152-311-9776	17. INFORMANT Address Ruth Armstead 102 Dodge St. Kent, Ohio
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18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive type Ht Disease	
	DUE TO (c) Interstitial Nephritis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		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.) ---
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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 ---	COUNTY ---	STATE ---
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21. I attended the deceased from 1950 to 5-25-59 and last saw her alive on May 25-59. Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J. Wells M.D.	22b. ADDRESS 2122 E 15th St. K.C.	22c. DATE SIGNED 5-28-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-29-59	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) Kans. City, Missouri
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24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton	25. DATE RECD. BY LOCAL REG. 5-28-59	26. REGISTRAR'S SIGNATURE New Marshall
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MEDICAL CERTIFICATION

3420

[Handwritten scribbles and initials]

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. *4500*
P. O. Address *18th & 3rd*

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.