

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021644

FILED JUL 8 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3013

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) <i>Northwest Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>5401 Smart</i>	
Length of stay in lb <i>40 years</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>...</i> Last <i>Prosser</i>			4. DATE OF DEATH Month <i>June</i> Day <i>18</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar 27, 1876</i>	9. AGE (In years, last birthday) <i>83</i>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (City and state or country) <i>St. Joseph, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Charles Barrington</i>	13b. MOTHER'S MAIDEN NAME <i>Almeda Cimerson</i>	14. NAME OF HUSBAND OR WIFE <i>Herbert H. Prosser</i>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Not known) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>M. B. Prosser, K. C. Mo.</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterial hypertension</i>		<i>Many years</i>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>331X</i>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>✓</i>
20c. TIME OF INJURY Hour <i>3:20 P.M.</i> Month, Day, Year	

20d. INJURY OCCURRED WHILE AT <input checked="" 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 <i>St. Joseph, Mo.</i>	COUNTY	STATE
21. I attended the deceased from <i>June 8, 1959</i> to <i>June 18th, 1959</i> and last saw her alive on <i>June 17th, 1959</i> Death occurred at <i>2:20 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>W. W. Harmed</i>	(Degree or title) <i>2</i>	22b. ADDRESS <i>402 Wirthman Bldg, Kansas City Mo</i>	22c. DATE SIGNED <i>6-20-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>6/19/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>	23d. LOCATION (City, town, or county) (State) <i>St. Joseph, Mo.</i>

24. FUNERAL DIRECTOR <i>Heaton-Bowman, St. Joseph, Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>6-20-59</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. W. Harmed

MEDICAL CERTIFICATION

6661 8 1071

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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 *John R. Dicks* Licensed Embalmer No. *4531* P. O. Address *Jarvis City*

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.