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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025171

STATE FILE NUMBER

3589

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 3589

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Forest ave. Nursing Home 1 Wk/</u> Length of stay in lb. <u>5 1/2</u>		d. STREET ADDRESS (If outside, give location) <u>503 Everett st.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lula</u> Middle <u>Mae</u> Last <u>Hatton</u>			4. DATE OF DEATH Month <u>7</u> Day <u>18</u> Year <u>1959</u>
5. SEX <u>3</u> <u>Female</u>	6. COLOR OR RACE <u>Negro</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>1/1/1876</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>	11. BIRTHPLACE (City and state or country) <u>Leavenworth, Kansas</u>
10a. FATHER'S NAME <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Penney</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>509-16-0078</u>	17. INFORMANT <u>Samuel Boyd 2415 Charlotte st. K.C. Mo.</u> Address
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>Diabetes Mellitus</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.) <u>260x</u>	
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
21. I attended the deceased from <u>7-11-59</u> to <u>7-18-59</u> and last saw her alive on <u>9-17-59</u> Death occurred at <u>6:45 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W.A. Bryan MD</u> (Degree or title)		22b. ADDRESS <u>2122 E 12th St</u>	22c. DATE SIGNED <u>7-21-59</u>
23a. BURIAL, CREMATION, (REMOVAL Specify) <u>Burial</u>	23b. DATE <u>7/20/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
24. FUNERAL DIRECTOR <u>Mrs. J. W. Jones 440 state ave. Kans.</u>		25. DATE RECD. BY LOCAL REG. <u>7-24-59</u>	26. REGISTRAR'S SIGNATURE <u>Neve Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

W. H. BRYAN

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

2122 E. 12th.

12th St Brooklyn

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 *Eugene English*

Licensed Embalmer No. *4105*

P. O. Address *440 State*

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.