

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025282

FILED VS JUL 31 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3505 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City,</u> Length of stay in Tb <u>5</u> <del>11 hours</del> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital # 1</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City, Mo</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1228 Olive</u> Reside on Farm <del>XXXX</del> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Beatrice</u> Middle <u>Louise</u> Last <u>McCully</u>			<b>4. DATE OF DEATH</b> Month <u>7</u> Day <u>16</u> Year <u>59</u>		
<b>5. SEX</b> <u>3</u> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>12-2-24</u>	<b>9. AGE</b> (last birthday) <u>34</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas City, Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Sam Green</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Alma Miller</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Charles Mc Cully</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>AD</u>		<b>16. SOCIAL SECURITY NO.</b> <u>Unknown</u>	<b>17. INFORMANT</b> Address <u>Charles McCully 1228 Olive</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myelogenous Leukemia</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>
<b>21.</b> I attended the deceased from <u>7-16-59</u> to <u>7-16-59</u> and last saw <sup>her</sup> <del>him</del> alive on <u>7-16-59</u> Death occurred at <u>8:50</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <u>Abraham Gelperin M.D.</u>			<b>22b. ADDRESS</b> <u>2400 Cherry</u>		<b>22c. DATE SIGNED</b> <u>7-17-59</u>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>23b. DATE</b> <u>7-21-59</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Blue Ridge Lawn</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kans. City, Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Watkins Bros. Funeral Home 18th &amp; Benton</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-17-59</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Neva Minshall</u>	

DOCUMENT

BY AFFIDAVIT OF Abraham Gelperin M.D. 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Deuce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Be

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.