RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 25 1959

59–032503

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4427

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kans. b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 18 South Cherokee
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Isabell Middle: Luncinda Last: Newton

4. DATE OF DEATH: Month: Sept Day: 11 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan. 6, 1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Texas Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Joseph Stilwell
13b. MOTHER'S MAIDEN NAME: Nancy Collins
14. NAME OF HUSBAND OR WIFE: (Dec.) Thomas B. Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Harry Newton, Address: 2300 South 8th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bilateral Pyonephritis	6 mo.
DUE TO (c)	Pyelitis, Interstitial Nephritis	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1 1920, to 9/11-59 and last saw her/him alive on 9/10-59
Death occurred at 9-11-1959 5:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L J O'Connell (Degree or title): MD
22b. ADDRESS: 4178 Cambridge K.C. Ks
22c. DATE SIGNED: 9/11-59

23a. BURIAL CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-14-1959
23c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS: Gates Funeral Home, K.C. Kansas
25. DATE RECD. BY LOCAL REG.: 9-11-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF P. J. O'Connell

DOCUMENT

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_____ Signed Paul R. Williams

Signature of Student Embalmer

Licensed Embalmer No. 5009

P. O. Address Overland

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