URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 0 1959

59-036443

STATE FILE NUMBER

5111

Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo
Length of stay in 1b 7 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Childrens Mercy Hosp
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Independence
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 204 E. Sea
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Teresa Middle Marie Last Tarwater
4. DATE OF DEATH Month 10 Day 23 Year 59
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-12-59
9. AGE (last birthday) IF UNDER 1 YEAR Months Days 11 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph D. Tarwater
13b. MOTHER'S MAIDEN NAME Melodee Still
14. NAME OF HUSBAND OR WIFE —
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 Joseph D. Tarwater Address 204 E Sea Independence, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) —
DUE TO (c)
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. ☐ 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 10-17-59, to 10-23-59 and last saw her/him alive on 10-23-59
Death occurred at 4:50 pm m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) H. Miller M.D.
22b. ADDRESS 1710 Independence Ave
22c. DATE SIGNED 10-23-59

BY AFFIDAVIT OF H. C. Miller

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-24-1959
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) Kansas City, (State) Missouri
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS 1800 E. Linwood Kansas City, Missouri
25. DATE RECD. BY LOCAL REG. 10-23-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(See Embalmer's Statement on Reverse Side)

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_____ Signed Melvin Barlow

Signature of Student Embalmer

Licensed Embalmer No. 4903

P. O. Address K C Mo

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