

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1959

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STATE FILE NUMBER

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 5991

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|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 44 yrs | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 137 S. White | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Mable Middle Watson Last Ball | | | 4. DATE OF DEATH Month 12 Day 13 Year 59 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 7/2/1894 | 9. AGE (last birthday) 65 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and state or country) Jackson County, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Guy Porter Watson | | 13b. MOTHER'S MAIDEN NAME Mary E. Ross | | 14. NAME OF HUSBAND OR WIFE George C. Ball | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT George C. Ball K.C. Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion | | | | | INTERVAL BETWEEN ONSET AND DEATH 22 hrs. | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) Arteriosclerotic heart disease | | | | |
| | | DUE TO (c) with hypertension | | | | |
| 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 type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <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 1943 10:45 A to 12/13/59 | | |
| 20g. COUNTY | 20h. STATE | 21. I attended the deceased from 1943 10:45 A to 12/13/59 and last saw her live on 12/13/59 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) [Signature] | | | 22b. ADDRESS 701 E 63 | | 22c. DATE SIGNED 12/14/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-15-59 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | |
| 24. FUNERAL DIRECTOR C. H. Blackman & Son Inc. K.C. Mo. | | | 25. DATE RECD. BY LOCAL REG. 12-14-59 | 26. REGISTRAR'S SIGNATURE Nevar Marshall | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF EMBALMER

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 W.C. Reine

Licensed Embalmer No. 4879

P. O. Address N.P. Mo.

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.