

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-046858
STATE FILE NUMBER
6326

FILED VS JAN 19 1960

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

V. S. 300
Rev. 1-57

Dept. Health,
& Welfare
S. Public
Health Service

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

Carl M. Peterson USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 QUEEN OF THE WORLD		Length of stay in lb 14 yrs.	d. STREET ADDRESS (If outside, give location) 2002 PROSPECT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DRUCILLA STIGERS			4. DATE OF DEATH Month Day Year DECEMBER 31, 1959		
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-27-1911		9. AGE (In years last birthday) Months Days Hours Min. 58 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Arcadia, Louisiana 1		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Burnes Farrow		13b. MOTHER'S MAIDEN NAME Lannie Cooper		14. NAME OF HUSBAND OR WIFE Mack Stigers	
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. 439-34-0020		17. INFORMANT Address MACK W. STIGERS, husband 2002 PROSPECT	
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 yellow atrophy of liver; hemorrhage in endocardium					INTERVAL BETWEEN ONSET AND DEATH 11/2/59 to 12/31/59
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) SLIGHT PULMONARY CONGESTION 580X					
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 checked="" 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 Month, Day, Year 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 12-25-59 , to 12-31-59 and last saw her alive on 12-31-59 Death occurred at 4:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Carl M. Peterson M.D.</i>		22b. ADDRESS 2462 A Brooklyn, K.C. Mo.		22c. DATE SIGNED 1-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-4-60		23c. NAME OF CEMETERY OR CREMATORY Shreveport, Louisiana	
23d. LOCATION (City, town, or county) (State) Shreveport, La					
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 1-4-60		26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i>	

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 *Bruce R Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & Benton*

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.