

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026806

FILED VS. JUL 26 1960 149

Registration District No. 1002

Registrar's No. 3584

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>30 yrs</b>		c. CITY OR TOWN <b>Kansas City,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wheatley Prov Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2013 E 12th St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Bessie</b> Middle <b>Mae</b> Last <b>Deckard</b>				4. DATE OF DEATH Month <b>July</b> Day <b>10th</b> Year <b>1960</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3 23 1895</b>	9. AGE (last birthday) <b>65 yrs</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>waitress</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>tavern</b>		11. BIRTHPLACE (City and state or country) <b>Oklahoma City, Okla</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Robert Williams</b>			13b. MOTHER'S MAIDEN NAME <b>Mattie Seales</b>			14. NAME OF HUSBAND OR WIFE <b>Joe Deckard (deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>500 03 8397</b>		17. INFORMANT Address <b>Alice Tillery 2730 Park Ave. K. C. Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>	
DUE TO (b) <b>Metastatic Bronchogenic Carcinoma 4 mo.</b>								
DUE TO (c) <b>Primary Carcinoma of the Esophagus</b>							<b>8 mo</b>	
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 checked="" 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		COUNTY		STATE
21. I attended the deceased from <b>Dec 12 - 1959</b> and last saw her/him alive on <b>July 9 - 60</b> Death occurred at <b>Wheatley Hospital 2:30 AM</b> on the date stated above, and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) <b>P.C. Turner M.D.</b>				22b. ADDRESS <b>1612 E 12</b>		22c. DATE SIGNED <b>7/10/60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>July 13th 60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Highland Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b>			(State)
24. FUNERAL DIRECTOR ADDRESS <b>C. K. Kerford Funeral Home K. C. Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-11-60</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		

DOCUMENT

P. C. Turner MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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. 4437  
working under my personal supervision.

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

Signed *C. Kenneth Reynolds*

Licensed Embalmer No. 4437

P. O. Address *R. C. M.*

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.