

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1229-61-009065  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
Emmett F. Hall  
Legal Certification

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |  | c. CITY OR TOWN <b>KANSAS CITY</b>  |  |
| Length of stay in 1b<br><b>30 yrs</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3004 Kensington</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>3004 Kensington</b>   |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>; GERTRUDE RATHER</b>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>3-6-61</b>  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>Negro</b>       | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-20-1900</b>   |
| 9. AGE (last birthday)<br><b>60 yrs</b>   |  | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Pettis County, Mo</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  | 13a. FATHER'S NAME<br><b>Noble Cross</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Sallie Turner</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Henry Edward Rather</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or Unknown) (If yes, give war or dates of service)<br><b>NO</b>  |  | 16. SOCIAL SECURITY NO.<br><b>NO</b>  |  |
| 17. INFORMANT<br><b>Mattie Mack</b>   |  | Address<br><b>1742 Booker St KCK</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Respiratory Failure</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 h</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral Hemorrhage</b>   |  |   | <b>2 da.</b>   |
| DUE TO (c) <b>Hypertension</b>  |  |   | <b>10 yrs</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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>Jan 15, 1950</b> to <b>March 4, 1961</b> and last saw her alive on <b>March 6, 1961</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Emmett F. Hall</b>   |  | 22b. ADDRESS<br><b>5628 Street</b>  |  |
| 22c. DATE SIGNED<br><b>3-7-61</b>   |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>3-9-61</b>  |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Blue Ridge</b>   |  | 23d. LOCATION (City, town, county) (State)<br><b>Kans City, Mo</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Watkins Bros. 18th &amp; Benton</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>3-8-61</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Ruth H. Long</b>  |  |   |  |

**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 Drew R. Washburn

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.