

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040172

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1237

STATE FILE NUMBER

FILED DEC 11 1961

1. PLACE OF DEATH
 a. COUNTY **Buchanan**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph, Mo**
 Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **State Hospital #2**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City**
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2634 Montgall**
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First **Ethel** Middle **Filson** Last **Filson**
 4. DATE OF DEATH
 Month **12** Day **3** Year **1961**

5. SEX **Female**
 6. COLOR OR RACE **Negro**
 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH **11-18-1900**
 9. AGE (last birthday) **61**
 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) **Housewife**
 10b. KIND OF BUSINESS OR INDUSTRY **Housewife**
 11. BIRTHPLACE (City and state or country) **Pauls Valley, Okla**
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Calvin N ewberry**
 13b. MOTHER'S MAIDEN NAME **Lottie H enry**
 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. **unknown**
 17. INFORMANT **Hospital Records - State Hosp.#2**
 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **General disability**
 DUE TO (b) **extensive skin wound & infection**
 DUE TO (c)
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH **years**
months

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 Month, Day, Year
 a.m. p.m.

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.) **2-1960**
 20f. CITY, TOWN, OR LOCATION **2-1960** COUNTY STATE

21. I attended the deceased **8:30pm** to **12-3-61** and last saw her alive on **12-3-61**
 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) **Mohammed T. Shuman, M.D.**
 22b. ADDRESS **State Hosp. #2 St. Joseph, Mo**
 22c. DATE SIGNED **12-3-61**

23a. BURIAL CREMATION, REMOVAL (Specify) **REMOVAL**
 23b. DATE **12-4-61**
 23c. NAME OF CEMETERY OR CREMATORY **HIGHLAND CEMETERY**
 23d. LOCATION (City, town, or county) (State) **K.C., MO.**

24. FUNERAL DIRECTOR **MRS. MEEK'S MORTUARY K.C., MO** ADDRESS **Dec 4, 1961**
 25. DATE RECD. BY LOCAL REG.
 26. REGISTRAR'S SIGNATURE **Mrs. Clark Woodell**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. Tahir, M.D.

SHOULD READ

ITEM NO.

DEC 14 1961

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 Millard B. Paskin

Licensed Embalmer No. 5017

P. O. Address K. 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.