

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015287

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1883

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 20 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City

Length of stay in lb 29 yrs

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Psychiatric Receiving Center

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) 1309 Park Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First Martha Middle Jefferson Last Jefferson

4. DATE OF DEATH Month 4 Day 1 Year 62

5. SEX Female

6. COLOR OR RACE Negro

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 5-12-1900

9. AGE (last birthday) 61

IF UNDER 1 YEAR Months Days

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Gilmer, Texas

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

Prince Mosley

13b. MOTHER'S MAIDEN NAME

Patsie Barber

14. NAME OF HUSBAND OR WIFE

Robert Jefferson

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. no

17. INFORMANT Christine Bryant 4015 Chestnut 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) Cerebral Encephalomalacia

INTERVAL BETWEEN ONSET AND DEATH unknown

DUE TO (b) Arteriosclerosis

unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Schizophrenia

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-22-62 to 4-1-62 and last saw her alive on 3-31-62. Death occurred at 6:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard L. Pentecost

22b. ADDRESS 2200 McCoy Street

22c. DATE SIGNED 4-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 4-7-62

23c. NAME OF CEMETERY OR CREMATORY Highland

23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th Benton

25. DATE RECD. BY LOCAL REG. 4-4-62

26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

VS 300 Rev. 4/59
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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 P. 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.