

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047099

6503

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDMENTS

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

FILED JAN 7 1963

VS 300  
Rev. 4/59

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1290-3

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DATE AMENDED

2/26/63  
2/26/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

1824 E. 24th Terr.  
1824 E. 24th Terr.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

M. Tillman

MEDICAL CERTIFICATION

1c Gen. Hosp. #1  
20e 1814 E. 24th Terr.

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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>20 yrs</b>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Hosp. #1 1824 E. 24th Terrace</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1814 E. 24th Terr.</b>	
3. NAME OF DECEASED (Type or print) First <b>MARGARET</b> Middle <b>NAPIER</b> Last			4. DATE OF DEATH Month <b>12</b> Day <b>18</b> Year <b>62</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 type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9-25-1921</b>	9. AGE (last birthday) <b>41 yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Little Rock, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Ollie Gaines</b>		13b. MOTHER'S MAIDEN NAME <b>Ceola Hannah</b>		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. <b>NO</b>	17. INFORMANT <b>Ceola Hannah 1902 E. 24th St. Terr.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Irreversible shock</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>1st 2nd 3rd Degree Burns 80% of body</b>					
DUE TO (c) <b>House Fire</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary Tuberculosis</b>					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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <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 <b>9:30 a.m.</b>	Month, Day, Year <b>12-15-62</b>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1824 E. 24th St. Terr. 1814</b>		20f. CITY, TOWN, OR LOCATION <b>Kansas City,</b>		COUNTY <b>Jackson,</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____			STATE <b>Missouri</b>		
22a. SIGNATURE <i>M. Tillman M.D. Deputy Coroner</i>			22b. ADDRESS <b>1618 Lydia Ave.</b>		22c. DATE SIGNED <b>12-19-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-22-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Highland</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Watkins Bros. Funeral Home 18th &amp; Benton</b>		25. DATE RECD. BY LOCAL REG. <b>12-20-62</b>		26. REGISTRAR'S SIGNATURE <i>A. L. Long</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 1800 Y. 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.

It is the policy of the State Board of Health to issue licenses only to those who are qualified by education and experience. All applications for licenses will not be accepted until the applicant has completed the required course of instruction.