

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8998

State File No.

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1264

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kansas City</i>		c. LENGTH OF STAY (in this place) <i>Transient</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Station</i>		e. STREET ADDRESS (If rural, give location) <i>2609 West 40th. Ave.</i> ⁸¹⁵⁻⁰ ₈	
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>H.</i> c. (Last) <i>Watts</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>March 19 1954</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 14, 1890</i>
9. AGE (In years last birthday) <i>64</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blacksmith</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Katy Railroad</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Kansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>US</i>		13a. FATHER'S NAME <i>John Watts</i>	
13b. MOTHER'S MAIDEN NAME <i>Mary Lamb</i>		14. NAME OF HUSBAND OR WIFE <i>Goldie Watts</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-104785</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Goldie Watts, K. C. Kans.</i>		ADDRESS <i>K. C. Kans.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i> ANTECEDENT CAUSES <i>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Created for Heart several yrs</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Hugh H. Owens</i>		23b. ADDRESS <i>1034 Rialto Bldg</i>	
23c. DATE SIGNED <i>3-20-54</i>		24a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>3/22/1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Chapel Hill Memo. Garden Kansas City, Kans.</i>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <i>Seraldine Smith</i>	
DATE REC'D BY LOCAL REG. <i>3-20-54</i>		ADDRESS <i>Gates Funeral Home. K.C. Kans.</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 *Mary L Yates*.....

Licensed Embalmer No. *2145*.....

P. O. Address *Kansas City*.....

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.