No. 300
10.48

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12212

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1575

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (in this place) 63 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1312 PARK

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location) 1312 PARK 3258 0

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) c. (Last) WATSON
4. DATE OF DEATH (Month) (Day) (Year) 4-4-1955

5. SEX MALE 2
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3
8. DATE OF BIRTH 1889
9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSER
10b. KIND OF BUSINESS OR INDUSTRY CLOTHES
11. BIRTHPLACE (City and State or Foreign Country) LEAVEN WORTH, KANS. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SAMUEL WATSON
13b. MOTHER'S MAIDEN NAME TISHA DAVIS
14. NAME OF HUSBAND OR WIFE CORA WATSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME MARY BOONE ADDRESS 1119-E-21 Wst. K.C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility,

INTERVAL BETWEEN ONSET AND DEATH: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Deputy Coroner (Degree or title) Entillman M.D. 3
23b. ADDRESS 1618 Lydia Ave
23c. DATE SIGNED 4/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4-8-1955
24c. NAME OF CEMETERY OR CREMATORY LINCOLN
24d. LOCATION (City, town, or county) KANSAS CITY, (State) MO.

DATE REC'D BY LOCAL REG. 4-8-55
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE BROWN + HUDSON ADDRESS K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

AUG 14 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John R. Sudn

Licensed Embalmer No. 45

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.