

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37081

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4938</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>15 yrs - 9 mo - 3 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1012 Highland Highland</u>		2168	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY TUBERCULOSIS HOSPITAL</u>				d. STREET ADDRESS		110		11 - 10 - 55	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u>			b. (Middle) _____		c. (Last) <u>WATTS</u>		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>APRIL 25 - 1892</u>		9. AGE (10 years last birthday) <u>62 2/3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Glasgow, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>RUBEN WATTS</u>			13b. MOTHER'S MAIDEN NAME <u>SALLIE MONTGOMERY</u>			14. NAME OF HUSBAND OR WIFE <u>Edna Watts</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Mae Talton</u>			ADDRESS <u>3100 E. 54th</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				003X	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (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 <u>4-7</u> , 1955, to <u>11-10</u> , 1955, that I last saw the deceased alive on <u>11-10</u> , 1955, and that death occurred at <u>10:20 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) of <u>Edward G. Altman M.D.</u>				23b. ADDRESS <u>1-C. T. B. Hosp</u>			23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-14-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Bros. Funeral Home 18 Barton</u>				

(Licensed Embalmer's Statement on Reverse Side)

Edward P. Altman, M.D.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Bruce R. Walker

Signed.....
Student Embalmer

Licensed Embalmer No. *4500*

P. O. Address. *18th Avenue*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.