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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 James A. Jarvis

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED NOV 2 - 1956

34240  
 STATE FILE NUMBER  
 4506  
 Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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>St Lukes Hospital</b>				Length of stay in hospital <b>30</b> YRS.		STREET ADDRESS (If outside, give location) <b>6701 Holmes</b>		
3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Slaughter</b> Last <b>Slaughter</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>13,</b> Year <b>1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 29, 1882</b>		9. AGE (In years last birthday) <b>76</b> YRS. 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) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Clinton Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John P. Watkins</b>				14. MOTHER'S MAIDEN NAME <b>Nancy Shrewsburg</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Herbert F. Slaughter</b> Address <b>K.C.Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arterio sclerosis, genl.</b> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>24 hr +</b> <b>4201</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Hypertension</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <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 Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>3/10/55</b> to <b>10/12/56</b> and last saw her alive on <b>10/12/56</b> Death occurred at <b>4:15 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Type or Print) <b>James A. Jarvis</b>				22b. ADDRESS <b>Kansas City, Mo.</b>		22c. DATE SIGNED <b>10/16/56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>20/15/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stine-McClure Vault, Oak Lawn Memorial Gardens</b>		23d. LOCATION (City, town, or county) <b>Olathe</b> (State) <b>Kas.</b>			
24. FUNERAL DIRECTOR <b>Stine &amp; Mc Clure</b> ADDRESS <b>K.C.Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-16-56</b>		26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>			

Ka. Jas. A. Jarvis  
4620 J. B. Nichols Pkwy.  
J.C. 1-2020  
1130

**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 *Elms P. Trickett*

Licensed Embalmer No. *48*

P. O. Address *Tamassee*

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