

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16968
STATE FILE NUMBER
1968

FILED MAY 21 1957

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

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits 36 yrs.	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD				Length of stay in lb 6 day	STREET ADDRESS 2917 PARK K.C. MO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last SADIE BRYANT				4. DATE OF DEATH Month Day Year APRIL 22, 1957					
5. SEX FEMALE	3	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 6, 1897		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Minden, Louisiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME George Peats				14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address MRS. ARLENE GIBSON 2500 E. 28th St.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction DUE TO (b) Adhesions, postoperative DUE TO (c) hysterectomy about 1940, fibroid tumor PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Mechanical small bowel adhesions... Cerebral thrombosis, cardiac insufficiency								INTERVAL BETWEEN ONSET AND DEATH 1 week 5705	
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		CITY		STATE	
21. I attended the deceased from April 16, 1957 April 22, 1957 and last saw her/him alive on 4/22/57 Death occurred at 5:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. B. Whittier (Degree or title)				22b. ADDRESS 230 7 1/2 Prospect		22c. DATE SIGNED 4/24/57			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE April 26, 1957	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Minden, Louisiana				
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary			ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 4-26-57		26. REGISTRAR'S SIGNATURE How Minshall		

(Licensed Embalmer's Statement on Reverse Side)

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Ch
1-8511
H. C. 7

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 *Millard B. Perkins*

Licensed Embalmer No. *501*

P. O. Address *H. C. 7*

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.