

THE DIVISION OF HEALTH AND HIGIENE
STANDARD CERTIFICATE OF DEATH

58-022026
STATE FILE NUMBER
2746

FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2746

S. 300
1-57

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 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		Length of stay in lb 35 yrs.	d. STREET ADDRESS (If outside, give location) 2626 Park
3. NAME OF DECEASED (Type or print) First ALONZO Middle M. Last PARKER		4. DATE OF DEATH Month May Day 27, Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 8, 1898
9. AGE (In years last birthday) 59 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance	11. BIRTHPLACE (City and state or country) Carrollton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Matthew Parker	13b. MOTHER'S MAIDEN NAME Adaline Smith
14. NAME OF HUSBAND OR WIFE Ethel Parker		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 195-01-11403
17. INFORMANT Ethel Parker 2626 Park		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia With Anuria Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Glomerular Nephritis DUE TO (c) Arteriosclerotic Heart Disease With Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
19. INTERVAL BETWEEN ONSET AND DEATH 40-45		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from November 1953, to May 27, 1958 and last saw her alive on May 27, 1958 Death occurred at 9:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from November 1953, to May 27, 1958 and last saw her alive on May 27, 1958 Death occurred at 9:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Bruce P. McDonald M.D.		22b. ADDRESS 2604 Prospect Avenue	
22c. DATE SIGNED 5/29/58		22c. DATE SIGNED 5/29/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-2-58	
23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 5-30-58	
26. REGISTRAR'S SIGNATURE neva minshall		26. REGISTRAR'S SIGNATURE neva minshall	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Bruce J. Watkins*

Licensed Embalmer No. *4504*

P. O. Address *18th & Be...*

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.