Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000629
STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Memorial Hosp. — Length of stay in 1b: 10 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clay (001)
c. CITY OR TOWN: North Kansas City — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1232 E. 21st — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Nancy Middle: Last: Watts

4. DATE OF DEATH: Month Day Year: 1-26-59

5. SEX: Female

6. COLOR OR RACE: White

MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 3-8-1881

9. AGE (In years last birthday): 77yr — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Thomas Bowen

13b. MOTHER'S MAIDEN NAME: Jane Plummer

14. NAME OF HUSBAND OR WIFE: John Watts

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: John Watts, 1232 E. 21 ave. Address: N.K.C.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Toxemia and toxic nephritis	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Retroperitoneal Abscess, Right	2 weeks
DUE TO (c)	Perityphlitis & Cecitis with Perforation	2-3 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriolonephrosclerosis 5501

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1-9-59, to 1-26-59 and last saw her/him alive on 1-26-59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 4030 Oak KC 16 Mo

22c. DATE SIGNED: 1-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-28-59

23c. NAME OF CEMETERY OR CREMATORY: White Chapel

23d. LOCATION (City, town, or county) (State): Gladstone Mo

24. FUNERAL DIRECTOR: D.W. Newcomers, N.K.C. ADDRESS

25. DATE RECD. BY LOCAL REG.: 1-27-59

26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. James E. McCormick, MD.

MAR 6 1959

RECEIVED
FEB 3 9
CLAY CO.,
HEALTH CENTER

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 Glenn H. Nee

Licensed Embalmer No. 4586

P. O. Address K.C., Mo.

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.