

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005753
STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 561

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 MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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 OSTEOPATHIC HOSP		Length of stay in 2 1/2 Residence 4 1/2	d. STREET ADDRESS 2512 Agnes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE MITCHELL			4. DATE OF DEATH Month Day Year 1/ 28/ 59			
5. SEX F	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 1/2/09	9. AGE (In years at birthday) 49 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) Madison Parish, La.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Stepeny Jackson		13b. MOTHER'S MAIDEN NAME Lucy Weeler		14. NAME OF HUSBAND OR WIFE Mr. Eugene Mitchell		
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. 500-03-2725	17. INFORMANT Address Eugene Mitchell, Kansas City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure					INTERVAL BETWEEN ONSET AND DEATH months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic cor pulmonale					years	
DUE TO (c) Pulmonary emphysema and fibrosis					years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardiac cirrhosis					19. WAS AUTOPSY PERFORMED? 5271 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 January 25, 59 to 1/28/59 and last saw her alive on 1/28/59 Death occurred at 2:28 AM m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>Wilton S. Steinberg D.O.</i>			22b. ADDRESS 926 E. 11th Street		22c. DATE SIGNED 1/29/59	
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE 1-31-1959	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Mrs. Neek's Mortuary, K.C. Mo.			25. DATE RECD. BY LOCAL REG. 1-29-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

(Licensed Embalmer's Statement on Reverse Side)

Milton S. Steinberg
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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. Kasin*

Licensed Embalmer No. *5013*
P. O. Address *K.C.M.*

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.