

Health,  
Welfare  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009400

STATE FILE NUMBER

1377

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

FILED APR 2 1959

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mercy</u>		d. STREET ADDRESS (If outside, give location) <u>329 2206 Indiana</u>	

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Carole</u> Last <u>Francis</u>			4. DATE OF DEATH Month <u>3</u> Day <u>13</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-12-53</u>	9. AGE (In years last birthday) <u>6 yrs</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (City and state or county) <u>2206 Indiana - Kansas City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
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13a. FATHER'S NAME <u>[REDACTED]</u>	13b. MOTHER'S MAIDEN NAME <u>Henrietta Francis Child</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If <u>Child</u> give dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Henrietta Francis</u>	Address <u>Kansas City, Mo</u> <u>3206 Indiana</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital Heart Disease</u> DUE TO (b) <u>Atrial Septal Defect</u> DUE TO (c) <u>754</u>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 <u>2</u> a.m. <u>0</u> p.m. <u>0</u>	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
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21. I attended the deceased from 2-24-59 to 3-13-59 and last saw her <sup>her</sup> alive on 3-13-59  
Death occurred at 2 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. D. Paman M.D.</u>	(Degree or title)	22b. ADDRESS <u>1710 Independence Ave. K.C., Mo</u>	22c. DATE SIGNED <u>3-13-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-17-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Kans. City, Missouri</u>
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24. FUNERAL DIRECTOR <u>Walter Bess, 15th &amp; Benton</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Neval Marshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.  
R. D. Paman

1576

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 R. Watkins* .....

Licensed Embalmer No. *4500* .....

P. O. Address *1549 Beata* .....

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.