

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013207

STATE FILE NUMBER 1898

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		d. STREET ADDRESS 2103 MONTGALL	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST RUTH PETER CARLOCK		4. DATE OF DEATH Month Day Year APRIL 14, 1959	
5. SEX FEMALE	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 Sept. 26, 1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Jefferson City, Mo.	
13. FATHER'S NAME Henry Evans		14. MOTHER'S MAIDEN NAME Nora Sanderson	
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. 487-16-6140	
17. INFORMANT MR. CECIL CARLOCK, husband 2103 Montgall		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT DUE TO (b) _____ DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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.) 443x	
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-8-59 to 4-14-59 and last saw her alive on 4-11-59 Death occurred at 9:22 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Rogers, Fleming, MD		22b. ADDRESS 1433 8-19th St	
22c. DATE SIGNED 4-16-59			
23a. BURIAL, CREMATION, or other disposal (Specify)		23b. DATE 4-17-59	
23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR Watkins Bros. Fu. Home 16th Benton		25. DATE RECD. BY LOCAL REG. 4-16-59	
26. REGISTRAR'S SIGNATURE New Marshall			

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Royal B. Fleming

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. *Bruce A. Watkins*

Licensed Embalmer No... *4*

P. O. Address *18th St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.