

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017673

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

2502

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 Kansas City TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR Kansas City TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR General Hospital #2 INSTITUTION		Length of stay in lb 2yrs	d. STREET ADDRESS 1019 Paseo

3. NAME OF DECEASED (Type or print) First Martin Middle Last Degraffenreed			4. DATE OF DEATH Month May Day 18 Year 1959		
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 April 4, 1890	9. AGE (In years birthday) 69	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY laborer	11. BIRTHPLACE (City and state or country) Greenwood, Ark.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jeff Degraffenreed		13b. MOTHER'S MAIDEN NAME Arbelle Piercy		14. NAME OF HUSBAND OR WIFE Helen Degraffenreed	
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. Unknown		17. INFORMANT Address Samella Brown Dallas, Texas 12112 Bellafonte Drive	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of left middle cerebral artery.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial pneumonia			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 332X

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. 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 5-8-59 to 5-18-59 and last saw her alive on 5-18-59 Death occurred at 7:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS 600 E. 22nd Street		22c. DATE SIGNED 5-20-59

23a. BURIAL CREMATION, DUES, etc. (Specify) BURIAL	23b. DATE 5-21-59	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or country) Kansas City	(State) Mo.
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24. FUNERAL DIRECTOR Watkins Bros. Fu. Home 18th Benton	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-20-59	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

E. Frank Ellis

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 A. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *8th Benton*

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.