

Health, Welfare, Public Service

FILED JUL 8 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021755

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3050

300
-57 b

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, Missouri TOWN		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 Lakeside Hospital		Length of stay in lb 7 days	d. STREET ADDRESS (If outside, give location) 3537 Beacon Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Georgina Middle Jo Last Waters			4. DATE OF DEATH Month June Day 17 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1959	9. AGE (In years last birthday) 7	IF UNDER 1 YEAR Months 7 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Waters	13b. MOTHER'S MAIDEN NAME Virginia Banner	14. NAME OF HUSBAND OR WIFE no
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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. no	17. INFORMANT George Waters Address 3537 Beacon St. Kansas City, Mo.
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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) Anoxia		INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) atelectasis	3 days
	DUE TO (c) pneumonia	1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7625		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.)
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20c. TIME OF INJURY Hour 11:15 a.m. Month June Day 10 Year 1959	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 Camden County, Missouri
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21. I attended the deceased from June 10-5th to June 17-5th and last saw her alive on June 17, 1959 Death occurred at 11:15 am on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Carl T. Moore (Degree or title) D.O.	22b. ADDRESS 6425 E-37th St., K.C. 29, Mo	22c. DATE SIGNED 6-20-59
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23a. BURIAL CREMATION, REMOVAL (Specify) burial	23b. DATE June 18, 1959	23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery	23d. LOCATION (City, town, or county) (State) Camden County, Missouri
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24. FUNERAL DIRECTOR Walter P. Hayes ADDRESS Camden Mo	25. DATE RECD. BY LOCAL REG. 6-22-59	26. REGISTRAR'S SIGNATURE neva minshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Carl T. Moore

Rec'd
6-22-11

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 

Licensed Embalmer No. 4265
P. O. Address Iberia, Missouri

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.