

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021769

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 2779

| | | | | | |
|--|-------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | 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 OR INSTITUTION) 4444 Bellfontaine | | Length of stay in lb 15yrs | d. STREET ADDRESS (If outside, give location) 4444 Bellfontaine | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Nellie Middle Mae Last White | | | 4. DATE OF DEATH Month 6 Day 5 Year 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 6/21/14 | 9. AGE (In years last birthday) 44 | IF UNDER 1 YEAR Months Days 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) Clifton Tenn | | 12. CITIZEN OF WHAT COUNTRY? U S A |
| 13a. FATHER'S NAME William Sparks | | 13b. MOTHER'S MAIDEN NAME Maggie Gordon | | 14. NAME OF HUSBAND OR WIFE Robert White | |
| 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. none | 17. INFORMANT Address Daisy Caldwell 4444 Bellfontaine. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Cachexia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced Carcinoma of Ovary DUE TO (c) 171X | | | | | 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.) | | |
| 20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 1955 - Oct. to 6/5/59 and last saw her alive on 1 June 59 Death occurred at 2:30 pm 6/5/59 on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Marion W. Richardson MA | | | 22b. ADDRESS 2526 Prospect | | 22c. DATE SIGNED 6-5-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 6/9/59 | 23c. NAME OF CEMETERY OR CREMATORY Lizard Lake | 23d. LOCATION (City, town, or county) Clifton Tenn TENN. | (State) |
| 24. FUNERAL DIRECTOR Manlove Williams 17129 Lydia | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 6-6-59 | 26. REGISTRAR'S SIGNATURE neva minshall | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service
300
-57
All diseases in Part I must be causally related.
Marion W. Richardson

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 *Raymond Walker*

Licensed Embalmer No. *4653*
P. O. Address *H. C. mo*

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.