

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024962

STATE FILE NUMBER

FILED VS AUG 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3635

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 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, give location) HOSPITAL OR INSTITUTION 2117 Olive St.		Length of stay in lb 12 yrs.		d. STREET ADDRESS 2117 Olive Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Bertha Middle Alexander Last Alexander				4. DATE OF DEATH Month 7 Day 27 Year 1959				
5. SEX female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 25, 1872		9. AGE (In years last birthday) 86	IF FUNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HRS. Hours 1959 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) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Ceaser Little			13b. MOTHER'S MAIDEN NAME Cassie -			14. NAME OF HUSBAND OR WIFE unknown		
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 Ada Bowman, Kansas City, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia						INTERVAL BETWEEN ONSET AND DEATH 1 week		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Glomerular Nephritis						3 months		
DUE TO (c) Generalized Arteriosclerosis						592X		
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 11 Month, Day, Year 8-1-1959 a.m. 11 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 Kansas City		COUNTY Missouri STATE Missouri		
21. I attended the deceased from January 15, 1959 , to July 27, 1959 and last saw her alive on July 20, 1959 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Bruce P. Mc Donald (Degree or title) M.D.				22b. ADDRESS 2604 Prospect Avenue		22c. DATE SIGNED 7/28/59		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 8-1-1959	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR ADDRESS Mrs. Meek's Mortuary, K.C.Mo.				25. DATE RECD. BY LOCAL REG. 7-28-59		26. REGISTRAR'S SIGNATURE Neve Marshall		

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Bruce P. Mc Donald

All diseases in Part I must be causally related.

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 *Myllard B. Pasko*

Licensed Embalmer No. *5013*

P. O. Address *A 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.