

FILED VS SEP 4 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-029292

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 4030

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
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 Excelsior Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in lb. 2 days	6000 STREET ADDRESS (If outside, give location) 335 East Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OTTA Middle KILE Last ROSE			4. DATE OF DEATH Month AUG. Day 17 , Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 8, 1885
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY XXXX	11. BIRTHPLACE (City and state or country) Livingston County, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elias Kile	
13b. MOTHER'S MAIDEN NAME Emily Price		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give No. or dates of service) No		16. SOCIAL SECURITY NO. 496-24-1274	17. INFORMANT Address Victor R. Fletcher, Ex.Spgs. MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage (Apoplexy)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Essential Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>unknown</u> <u>unknown</u>
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 Month , Day , Year a.m. p.m. 	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>May 28, 1948</u> to <u>August 17, 1959</u> and last saw her alive on <u>August 17, 1959</u> Death occurred at <u>4:35 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Harold A. Pallatt, M.D.</u>		22b. ADDRESS <u>1132 Prof. Bldg. KC, Mo</u>	
22c. DATE SIGNED <u>8/19/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>Aug. 19, 1959</u>		23c. NAME OF CEMETERY OR CREMATOR <u>White Chapel Mem. Gardens</u>	
23d. LOCATION (City, town, or county) (State) <u>Clay County, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Chas. Virgil Hope, Ex. Spgs. Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8-19-59</u>		26. REGISTRAR'S SIGNATURE <u>new minishall</u>	

Harold A. Pallatt only black ink or ribbon TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All answers in Part I must be carefully 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: *John R. Dicks*

Licensed Embalmer No. *453*

P. O. Address *Kansas*

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.