

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040253

FILED VS. NOV 17 1959

149

Registration District No. *1002* Primary Registration District No. *1002* Registrar's No.

5293

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>lifetime</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Queen of the World.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3515 Park</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Rita</i> Middle <i>(wma)</i> Last <i>Nance.</i>			4. DATE OF DEATH Month <i>Nov.</i> Day <i>1</i> Year <i>1959</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11/1/59</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <i>25</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>infant</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Missouri, KC</i>	12. CITIZEN OF WHAT COUNTRY <i>US</i>	

13a. FATHER'S NAME <i>James Milton Nance</i>		13b. MOTHER'S MAIDEN NAME <i>Alma Jean Gray</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>ALMA JEAN NANCE</i> Address <i>3515 PARK KCMO</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>ANECTASIA OF LUNGS</i>		
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). <i>HYPERPLASIA & HYPERTROPHY OF THE PLACENTA. EDEMA OF THE PERIPHERAL & INTERSTITIAL TISSUES. SPLENOMEGALY. MODERATE</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 <i>3:25</i> Month, Day, Year <i>11-1-59</i> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 *11-1-59* to *11-1-59* and last saw her alive on *11-1-59*
Death occurred at *3:25 A.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Samuel Rodgers MD</i>		22b. ADDRESS <i>2462 A Brooklyn</i>		22c. DATE SIGNED <i>11/3/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-5-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i>		23d. LOCATION (City, town, or county) (State) <i>Kans. City, Missouri</i>

24. FUNERAL DIRECTOR <i>Watkins Bros. Funeral Home 18th & Benton</i>		25. DATE RECD. BY LOCAL REG. <i>11-3-59</i>		26. REGISTRAR'S SIGNATURE <i>Hever Marshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Samuel Rodgers

Dec 1-9091

Dec 1-8811

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 R. Watkins

Licensed Embalmer No. 4500

P. O. Address 10th & Beuta

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.