

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 1431 -61-009221

AMENDED Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1431 STATE FILE NUMBER

FILED APR 6 1961

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **40 yrs**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4008 Arlington** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4008 Arlington** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **MARTHA** Middle **ETHEL** Last **WATTERSON** 4. DATE OF DEATH Month **MARCH** Day **18** Year **1961**
 5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **11-15-1895** 9. AGE (last birthday) **65** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Home maker** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and state or country) **Ava, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**
 13a. FATHER'S NAME **Samuel J. Sebree** 13b. MOTHER'S MAIDEN NAME **Mary Elizabeth Whitworth** 14. NAME OF HUSBAND OR WIFE **ARTHUR WATTERSON**
 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. 17. INFORMANT **Robert E Watterson** Address **4008 Arlington K.C.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) **Coronary Occlusion** INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 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 s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 _____, to _____ and last saw her/him alive on _____.
 Death occurred at **6:30 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Ruth H. Owens Coroner** 22b. ADDRESS **152 Union Station** 22c. DATE SIGNED **3-20-61**
 23a. BURIAL, CREATION, REMOVAL (Specify) **Burial** 23b. DATE **3-20-61** 23c. NAME OF CEMETERY OR CREMATORY **Floral Hills** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR **D. W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CREEK KANSAS CITY MO.** 25. DATE RECD. BY LOCAL REG. **3-20-61** 26. REGISTRAR'S SIGNATURE **Ruth H. Long**

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 Chester K Brewer

Licensed Embalmer No. 4931

P. O. Address K P MD

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.