

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2565-61-021250
 STATE FILE NUMBER

DATE AMENDED: 6-9-61
 ITEM NO. SHOULD READ: 23C Highland
 BY AFFIDAVIT OF: Haugh, Sr. Medical Certification

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2565

FILED JUN 21 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 18 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1613 E. 22nd Street Residence on Farm Yes No

3. NAME OF DECEASED First Middle Last ADA MAE EMORY
 4. DATE OF DEATH Month Day Year 5-21-61

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-2-1914 9. AGE (last birthday) 46 yrs
 IF UNDER 1-YEAR: Months Days Hours Min. IF UNDER 24 HR: 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) Milan, Tennessee 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Gus Richardson 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Homer Emory

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 Homer Emory Address 1613 E 22nd Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hypertrophy of Liver
 Conditions, if any, which gave rise to above cause* (a), stating the underlying cause last. DUE TO (b) Cirrhosis of Liver
 DUE TO (c) Age
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None
 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 a.m. p.m. Month, Day, Year

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 5-18-61 to 5-21-61 and last saw her/him alive on 5-20-61
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Haugh, Sr. 22b. ADDRESS 2202 E 8th 22c. DATE SIGNED 5-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-26-61 23c. NAME OF CEMETERY OR CREATOR Highland Blue Ridge Lawn 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
 Watkins Bros. Funeral Home 18th & Benton 5-24-61 Ruth Long

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 Bence R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Bee

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.