

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001898

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

243

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 1002 Registrar's No.

FILED JAN 25 1962

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
a. COUNTY JACKSON				a. STATE MISSOURI b. COUNTY JACKSON						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 22 Yrs.		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 WHEATLEY-PROVIDENT			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2504 TRACY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH						
First Middle Last LOUVENIA MOTEN				Month Day Year JANUARY 14, 1962						
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 1/16/86		9. AGE (last birthday) 75 Yrs.		
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) PERSONEL MAID			10b. KIND OF BUSINESS OR INDUSTRY PRIVATE FAMILY		11. BIRTHPLACE (City and state or country) OPLIKA, ALABAMA		12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME NELSON MADDOX			13b. MOTHER'S MAIDEN NAME SYLVIA LIPKIN			14. NAME OF HUSBAND OR WIFE IRA MOTEN				
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 CLARENCE MADDOX			Address K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Carcinoma of Bladder								7 yrs		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
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 WORK <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		COUNTY		STATE		
21. I attended the deceased from 1957 to 14 Jan 1962 and last saw her/him alive on 13 Jan - 62 Death occurred at 3:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) H E. Carlson MD						22b. ADDRESS 1315 Professional Bldg		22c. DATE SIGNED 15 Jan 62		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/17/62		23c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		(State)		
24. FUNERAL DIRECTOR MRS. MEEK'S MORTUARY. K. C. MO.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-15-62		26. REGISTRAR'S SIGNATURE Ruth Long		

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 Carlson

**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

*Millard B Perkins*

Licensed Embalmer No.

*5013*

P. O. Address

*N.C. 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.