

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006518

STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 668

FILED FEB 18 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 40 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 McCarty Nursing Home Kansas City, Missouri | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 6211 Tracy Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last HATTIE M. EMERSON | | | 4. DATE OF DEATH Month Day Year JANUARY 31, 1963 |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-20-1882 |
| 10a. USUAL OCCUPATION (Give kind of work done: during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 80 |
| 11. BIRTHPLACE (City and state or country) COLUMBUS, OHIO | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | |
| 14. NAME OF HUSBAND OR WIFE JOSEPH D. EMERSON | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) NO | |
| 17. INFORMANT MRS. JOSEPH ORRICK, 6211 TRACY, | | | Address |
| 18. CAUSE OF DEATH (Enter only one cause per time, (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Bronchial DUE TO (b) C.V. Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk unknown |
| 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 a.m. p.m. Month, Day, Year | 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 Jan 27, 1960 to Jan 31, 1963 and last saw her ^{her} alive on Jan 30, 1963 Death occurred at 11:42 P on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Orval T. Needels MD | | 22b. ADDRESS 7400 Wornall K^{Mo} No 741-63 | |
| 22c. DATE SIGNED Feb-1-63 | | 23. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 2-4-1963 | 23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET | |
| 24. FUNERAL DIRECTOR MUEHLEBACH, 6800 TROOST | | 25. DATE RECD. BY LOCAL REG. 2-1-63 | |
| 26. REGISTRAR'S SIGNATURE Keith Long | | | |

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Orval Huddles. No 3-9121
7400 Hornwall
Between 1.30 - 4.00

MISSOURI BOARD OF HEALTH
DIVISION OF PUBLIC HEALTH

813-

STATEMENT BY LICENSED EMBALMER

0-22

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 Robert L. Landes

Licensed Embalmer No. 5103

P. O. Address K.C., Mo

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.