

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028710

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3767

3767

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 57 yrs | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (if outside, give location) 2620 E. 30th St Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last ADDIE THORNTON | | | 4. DATE OF DEATH Month Day Year July 1, 1963 |
| 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 8-7-1905 |
| 9. AGE (last birthday) 57 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13. FATHER'S NAME Walter Gray | |
| 14. MOTHER'S MAIDEN NAME Mary (unkn) | | 15. NAME OF HUSBAND OR WIFE Tom Thornton | |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of) NO | | 17. SOCIAL SECURITY NO. | |
| 18. INFORMANT Charles Reece | | Address 3500 E. 25th St. Son | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Purulent Peritonitis | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| DUE TO (b) Ruptured Tubo-ovarian Abscess, Lt. | | | 7 days |
| DUE TO (c) Salpingo oophoritis | | | ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old Pt. Heraplegia due to HVD; Obesity; Diabetes | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 6-30-63 to 7-1-63 and last saw her alive on 7-1-63 Death occurred at 7:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>Carl M. Peterson MD.</i> (Degree or title) | | 22b. ADDRESS 2701 E. 31st St | 22c. DATE SIGNED 7/2/63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7-6-63 | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn | 23d. LOCATION (City, town, or county) (State) Indep., Missouri |
| 24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton | | 25. DATE RECD. BY LOCAL REG. 7-5-63 | 26. REGISTRAR'S SIGNATURE <i>Ruth Long</i> |

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 18th & Beulah

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.