

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6422 **63-044261**
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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

VS 300 Rev. 4/59	DATE AMENDED	
1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
23 568	INSTEAD OF	
3	DOCUMENT	
4 3	BY AFFIDAVIT OF	
5 0	Starks J. Williams	
6	MEDICAL CERTIFICATION	
7 0	SHOULD READ	
8 1	ITEM NO.	
97620	USE BLACK INK OR TYPEWRITER RIBBON	
10		
11		
12 63-0		
13		

FILED DEC 11 1963	
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 <u>11 hrs.</u> 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"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 3833 AGNES Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Stacey -INFANT Rochelle SEALS 5. SEX FEMALE 6. COLOR OR RACE NEGRO 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME VIVIAN SEALS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	4. DATE OF DEATH Month Day Year 11-21-63 8. DATE OF BIRTH 11-21-63 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 11 20 11. BIRTHPLACE (City and state or country) K.C. MISSOURI 12. CITIZEN OF WHAT COUNTRY USA 14. NAME OF HUSBAND OR WIFE 17. INFORMANT Address Elisha Seals 3833 Agnes 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOXIA Conditions, if any, which gave rise to above cause (e), 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) RESORPTION ATELECTASIS. MULTIPLE PETECHIAL OF PLEURAE & EPICARDIUM. 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 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 <u>11-24-63</u> to <u>11-24-63</u> and last saw her alive on <u>11-24-63</u> Death occurred at <u>12:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or title) Starks J. Williams, M.D. 22b. ADDRESS 2701 E. 31st 22c. DATE SIGNED Nov. 27-63 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 11-26-63 23c. NAME OF CEMETERY OR CREMATORY Lincoln 23d. LOCATION (City, town, or county) (State) Kansas City Mo. 24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th Benton 25. DATE RECD. BY LOCAL REG. 11-26-63 26. REGISTRAR'S SIGNATURE Bessie Smith

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 A. Whitlow

Licensed Embalmer No. _____

450

P. O. Address _____

Gene Benton

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.