

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050725

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6963

FILED JAN 17 1964		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 40 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 St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4329 McGee Street Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Birdie Mae Bullock			4. DATE OF DEATH Month Dec. , Day 22 , Year 1963		
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	
8. DATE OF BIRTH 2/24/1886		9. AGE (last birthday) 77		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Service Director		10b. KIND OF BUSINESS OR INDUSTRY General Hospital		11. BIRTHPLACE (City and state of country) Mo. St. Joseph, U. S. A.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Samuel H. Lewis		13b. MOTHER'S MAIDEN NAME Fannie Schuster	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. FANNIE SECURITY NO. -----	
17. INFORMANT Granada Hills, Oakle P. Bullock		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Sclerosis Myocardial Infarction DUE TO (b) Coronary Sclerosis DUE TO (c) Atherosclerosis generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus -		INTERVAL BETWEEN ONSET AND DEATH 50 min. 3 years 5 years	
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 1950 to 12-22-63 and last saw her/him alive on 12-22-63 Death occurred at 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE P. L. Byers M.D.		(Degree or title)		22b. ADDRESS 4320 Wauvel Rd, K.C. 11, Mo	
22c. DATE SIGNED 12/30/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/24/63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	
24. FUNERAL DIRECTOR D. W. Newcomer's Sons		25. DATE RECD. BY LOCAL REG. 12-24-63		26. REGISTRAR'S SIGNATURE Bessie Smith	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

P. L. Byers

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

