

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1956

38294

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5127

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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 1026 Virginia			Length of stay in lbs 12 years		d. STREET ADDRESS 1100 Paseo		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First THELMA Middle LEE Last WASHINGTON				4. DATE OF DEATH Month Nov. Day 22, Year 1956					
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 30, 1922		9. AGE (In years last birthday) 34	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Worker			10b. KIND OF BUSINESS OR INDUSTRY Gilpatrick		11. BIRTHPLACE (City and state or country) Tupelo, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Paul Walker				14. MOTHER'S MAIDEN NAME Lucy Ardella Baldwin					
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. 446-20-8550		17. INFORMANT Mrs. Hattie Falls - 2635 Victor			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Massive Hemothorax-Hemopericardium		DUE TO (c) Multiple Penetrating Gunshot Wounds of Chest		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		EGH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Don't Know			
20c. TIME OF INJURY Hour 9:20 Month Nov. Day 22, Year 1956									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1026 Virginia		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, MO.		20g. COUNTY		20h. STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Respectfully, L. M. Tillman M.D.				22b. ADDRESS 1618 Lydia Ave.		22c. DATE SIGNED 11/24/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/28/56		23c. NAME OF CEMETERY OR CREMATORY Booker T. Washington Cem.		23d. LOCATION (City, town, or county) Muskogee, Okla.		23e. (State)	
24. FUNERAL DIRECTOR E. Sterling Bills			ADDRESS 1212 Vine		25. DATE RECD. BY LOCAL REG. 11-26-56		26. REGISTRAR'S SIGNATURE neva minshall		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
E. Sterling Bickel

Licensed Embalmer No...317

P. O. Address.....1212 Vine St
City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.