

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001563

STATE FILE NUMBER

57

FILED JAN 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 815 Independence		Length of stay in lb 10yrs	d. STREET ADDRESS (If outside, give location) 824 E. 21th St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MIDDLE Last THOMAS WASHINGTON JR.			4. DATE OF DEATH Month Day Year Jan 1 1959		
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5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 30, 1930	9. AGE (In years and months) 28	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) mechanic	10b. KIND OF BUSINESS OR INDUSTRY White Motor Co.	11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Washington, Sr.	13b. MOTHER'S MAIDEN NAME Ida Clemons	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) yes, Korean	16. SOCIAL SECURITY NO. 512-24-2729	17. INFORMANT Ida Washington	Address 4630 Warnell Rd.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Traumatic Intracranial Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) <i>Penetrating Gunshot Wound of Skull</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) <i>gunshot wound</i>
20c. TIME OF INJURY Hour Month, Day, Year 6:30 a.m. Jan. 1, 1959	

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, city, street, office bldg., etc.) 815 Independence Ave.	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.	COUNTY Kansas	STATE Mo.
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21. I attended the deceased from _____, to _____ and last saw him/her alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Deputy Coroner</i>	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 1/2/59
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23a. BURIAL, CREMATION, or BENEFIT (Specify) burial	23b. DATE 1-8-59	23c. NAME OF CEMETERY OR CREMATORY Maple Hill	23d. LOCATION (City, town, or country) (State) Kansas City Kansas
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24. FUNERAL DIRECTOR Watkins Bros. Fu. Home 18th Benton	25. DATE RECD. BY LOCAL REG. 1-5-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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L. M. Tillman

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *James R. Watkins*

Licensed Embalmer No. *4500*

P. O. Address *18th & 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.