RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032662

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4623 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo
Length of stay in 1b 13 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas city Mo
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2314 E 31st St
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Sam Middle Eng Last Wing
4. DATE OF DEATH Month 9 Day 21 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 11-4-1891
9. AGE (last birthday) 67
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) Retired Laundry
10b. KIND OF BUSINESS OR INDUSTRY owner
11. BIRTHPLACE (City and state or country) Canton China
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 488-40-9425
17. INFORMANT Jimmie Eng Address 2314 E 31st St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 3 years
DUE TO (c) Arterio-sclerosis — not known
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 5-29-56, to 9-21-59 and last saw her/him alive on Sept 15-59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. A. Samuelson (Degree or title) M. D.
22b. ADDRESS 4620 Nichols Pkwy K. City Mo
22c. DATE SIGNED 9-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-24-59
23c. NAME OF CEMETERY OR CREMATORY Highland Park
23d. LOCATION (City, town, or county) Kansas City (State) Kansas

24. FUNERAL DIRECTOR France-Wornall Funeral Home ADDRESS
25. DATE RECD. BY LOCAL REG. 9-22-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF A. Samuelson MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Russell N. Fra

Signature of Student Embalmer

Licensed Embalmer No. 42

P. O. Address K. C. M

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