

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040454

INDEXED

FILED VS. DEC 7 1959 149

Primary Registration District No. 1002 Registrar's No.

5587

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City,</u>		Length of stay in 1b <u>40 yrs.</u>		c. CITY OR TOWN <u>Kansas City,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kings Rest Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1314 East 27th St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>Welders, Jr.</u>				4. DATE OF DEATH Month <u>11</u> Day <u>18</u> Year <u>59</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. Married - [] Never Married [] Widowed [] Divorced [<input checked="" type="checkbox"/>]		8. DATE OF BIRTH <u>8-2-02</u>		9. AGE (last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Union Station</u>			11. BIRTHPLACE (City and state or country) <u>Sercery, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>George W. Welders</u>				13b. MOTHER'S MAIDEN NAME <u>Caroline Wells</u>				14. NAME OF HUSBAND OR WIFE <u> </u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>499-07-7380</u>		17. INFORMANT <u>Mrs. Irene Murry, K. C. Mo.</u> Address <u> </u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>Uremia</u>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Acute Nephro Sclerosis</u>			
DUE TO (c) <u> </u>													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 <u> </u> a.m. <u> </u> 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>September 5, 1959</u> to <u>November 18, 59</u> and last saw ^{her} him alive on <u>Nov. 17, 1959</u> Death occurred at <u>3:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Bruce P. Mc Donald</u> (Degree or title)						22b. ADDRESS <u>2604 Prospect Avenue</u>						22c. DATE SIGNED <u>11/19/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			23b. DATE <u>11-20-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>				
24. FUNERAL DIRECTOR ADDRESS <u>Mrs. Meek's Mortuary, K. C. Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>11-19-59</u>		26. REGISTRAR'S SIGNATURE <u>Alva Minshall</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Bruce P. Mc Donald

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 _____
Signature of Student Embalmer

Signed Millard B. Parker

Licensed Embalmer No. 5013

P. O. Address K. C. M.

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.