URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-006159

FILED VS MAR 3 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 818 STATE FILE NUMBER

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF John H. Wells

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 68 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3001 Woodland
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 306 Troupe
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MATTIE Middle Last BOHANNAN
4. DATE OF DEATH: Month Feb. Day 8th, Year 1960
5. SEX: Female
6. COLOR OR RACE: Col
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: unknown
9. AGE (last birthday): 76
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): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Wharton, Texas
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: John Jefferson
13b. MOTHER'S MAIDEN NAME: Lou Carter
14. NAME OF HUSBAND OR WIFE: Henry Bohannan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Henry Baines Address: 2726 Brooklyn

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2½ mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): atrial fibrillation due to ASHD
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: Kansas City COUNTY: Jackson STATE: Mo

21. I attended the deceased from 30 Nov 59 to 8 Feb 60 and last saw the deceased alive on 7 Feb 60
Death occurred at 1:45 pm 8 Feb 60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John H Wells MD (Degree or title)
22b. ADDRESS: 4011 Linwood Blvd
22c. DATE SIGNED: 10 Feb 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-11-1960
23c. NAME OF CEMETERY OR CREMATORY: Westlawn Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kans.

24. FUNERAL DIRECTOR: Nathan W. Thatcher ADDRESS: K.C.K.
25. DATE RECD. BY LOCAL REG.: 2-11-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 Clifford L. Woods
Signature of Student Embalmer

Licensed Embalmer No. 3106

P. O. Address 1520 N. 5th

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