URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 1960

-60-006733
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 113

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE — Length of stay in 1b: 85 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPT. CONVL. HOME — 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 INDEPENDENCE — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 500 TROMAN RD — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HENRY Middle SAMUEL Last
4. DATE OF DEATH: Month FEB. Day 15 Year 1960

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/12/85
9. AGE (last birthday): 85 YRS — 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): BOOT BLACK
10b. KIND OF BUSINESS OR INDUSTRY: SELF EMPLOYED
11. BIRTHPLACE (City and state or country): INDEPENDENCE MO
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)
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT: PRESTON ALLEN, SR Address: K.C. MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Influenza — 2 wks.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis

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 1957 to Feb. 1960 and last saw her/him alive on Feb. 15, 1960
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dorothy M. Watkins, DO (Degree or title)
22b. ADDRESS: 909 N. Lexington Independence, Mo.
22c. DATE SIGNED: 2/20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2/24/60
23c. NAME OF CEMETERY OR CREMATORY: HIGHLAND CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

24. FUNERAL DIRECTOR: MRS. MEEK'S MORTUARY ADDRESS: K.C. MO
25. DATE RECD. BY LOCAL REG.: 2-22-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Pa

Licensed Embalmer No. 50 13

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.