

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 2091** - 60-008712 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wyandotte				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 6 days		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis - Little Rock INSTITUTION Hospitals, Inc.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1923 North 17th. Str.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Vernon Middle Wayne Last Parks			4. DATE OF DEATH Month February Day 20 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-14-1908	9. AGE (last birthday) 51	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) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Ben Parks			13b. MOTHER'S MAIDEN NAME Lillian Berry			14. NAME OF HUSBAND OR WIFE Velma		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 510-07-8172		17. INFORMANT Address Velma Parks, Kansas City, Kansas			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, Floor of Mouth, Generalized Melanotic Ca Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. due to a - 143X						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs		
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 _____ a.m. _____ 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 Feb. 15, 1960 to Feb. 20, 1960 and last saw ^{her} him alive on Feb. 20, 1960 Death occurred at 8:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Degree or title) Edward J. Jordan M.D.				22b. ADDRESS 1755 South Grand		22c. DATE SIGNED Feb 21/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-21-60		23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
24. FUNERAL DIRECTOR Fulton Mortuary - Kansas City, Kansas			ADDRESS		25. DATE RECD. BY LOCAL REG. FEB 21 1960		26. REGISTRAR'S SIGNATURE Leon Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

71-8-13

000000 00

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis

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

ISSUE