

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011297

FILED VS MAR 28 1960

149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1525

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 8 yrs.	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospt. No 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1705 Lydia Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER Middle _____ Last WARREN		4. DATE OF DEATH Month March Day 12 Year 1960	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-31-1918
9. AGE (last birthday) 41 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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Camden, Mississippi
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Martha Scott		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. 727-05-9910	17. INFORMANT Address Margaret Coppage 1705 Lydia
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Internal Hemorrhage DUE TO (c) Multiple Penetrating Gunshot wounds of Body			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) don't know	
20c. TIME OF INJURY Hour 2: a.m. Month, Day, Year 3/12/60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 18th & Lydia ave.		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo	COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 3/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-17-60	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge	23d. LOCATION (City, town, or county) (State) Kans. City Mo.
24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME		25. DATE RECD. BY LOCAL REG. 3-14-60	26. REGISTRAR'S SIGNATURE Neva Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. Tillman

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 _____
Signature of Student Embalmer
Licensed Embalmer No. _____

P. O. Address _____

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.