

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015578

FILED VS APR 25 1960

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 1942 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>JACKSON</b>
Length of stay in lb <b>37 yrs.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3118 Agnes</b>		d. STREET ADDRESS <b>3118 Agnes</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <b>HELEN</b>	Middle	Last <b>POLK</b>	4. DATE OF DEATH	Month <b>April</b>	Day <b>2</b>	Year <b>1960</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-31-60<sup>83</sup></b>	9. AGE (last birthday) <b>76 yrs</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Rodney, Mississippi, USA</b>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Clark Polk</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Jessid Sneed</b>	Address <b>3118 Agnes</b>
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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 <b>?</b>
IMMEDIATE CAUSE (a) <b>Cerebral occlusion</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio Sclerosis</b>	
DUE TO (c)		

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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	<b>KE Jackson</b>
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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
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21. I attended the deceased from <b>March 1 - 60</b> to <b>April 2 1960</b> and last saw her alive on <b>March 30 - 60</b>	Death occurred <b>5 P.m.</b> on of the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>W. Turner</b>	(Degree or title)	22b. ADDRESS <b>1614 E 12th KE MO 640</b>	22c. DATE SIGNED <b>4/5/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-6-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Westlawn</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>
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24. FUNERAL DIRECTOR <b>Watkins Bros. Funeral Home 18th &amp; Denton</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-5-60</b>	26. REGISTRAR'S SIGNATURE <b>Neil Marshall</b>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF W. Turner

REPT

**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 Bruce A. Watkins

Licensed Embalmer No. 450

P. O. Address 1801 1/2 Be

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.