

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 3 0 1960

=60-023029

3160

STATE FILE NUMBER

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Jackson</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		a. STATE <i>Mo.</i>		b. COUNTY <i>Jackson</i>	
Length of stay in 1b <i>37 yrs</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <i>2637 Brooklyn Ave</i>				d. STREET ADDRESS (If outside, give location) <i>2637 Brooklyn Ave</i>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Richard</i>		Middle <i>Abrought</i>		Last <i>Abrought</i>		Date <i>June 6 - 7 1960</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/10/68</i>	9. AGE (last birthday) <i>51</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Custodian</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Columbia, La.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Howard Abrought</i>		13b. MOTHER'S MAIDEN NAME <i>Geremie Gate</i>		14. NAME OF HUSBAND OR WIFE <i>Never Married</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-24-0737</i>		17. INFORMANT Address <i>John Abrought, K.C. Mo.</i>			
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	
IMMEDIATE CAUSE (a) <i>Apoplexy</i>							
DUE TO (b) <i>Hypertensive Heart Disease</i>							
DUE TO (c) <i>Nephritis Chronic Interstitial</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 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 <i>1955</i> to <i>June 7, 1960</i> and last saw him alive on <i>June 7-60</i> Death occurred at <i>home</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>George Hedgespeth</i>				22b. ADDRESS <i>1619 E 12th St. K.C. Mo</i>		22c. DATE SIGNED <i>6-14-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6-16-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Mrs. Neek's Mortuary, K.C. Mo</i>				25. DATE RECD. BY LOCAL REG. <i>6-14-60</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

DOCUMENT

BY AFFIDAVIT OF George Hedgespeth

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Paster

Licensed Embalmer No. 5013

P. O. Address K C M

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.