

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**5248-60-038245**  
STATE FILE NUMBER

FILED NOV 9 1960 149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in lb <b>60 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>2905 Forest</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1216 Paseo</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>GEORGE</b> Middle _____ Last <b>ADDISON</b>				<b>4. DATE OF DEATH</b> Month <b>October</b> Day <b>16,</b> Year <b>1960</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>12-29-1883</b>	<b>9. AGE (last birthday)</b> <b>76 yrs.</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Swift &amp; Co.</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Waco, Texas</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>James Addison</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Matilda Foster</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Janie Addison</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			<b>16. SOCIAL SECURITY NO.</b> <b>510-07-1604</b>		<b>17. INFORMANT</b> Address <b>Frances Childs Los Angeles, California</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia</b>								INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (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		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____								
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>
<b>21. I attended the deceased from</b> <u>Feb 9, 1960</u> to <u>Oct 16, 1960</u> and last saw her/him alive on <u>Oct 15, 1960</u> Death occurred at <u>3:25 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> <u>W. H. Bryan M.D.</u> (Degree or title)				<b>22b. ADDRESS</b> <u>2122 E 12th St</u>			<b>22c. DATE SIGNED</b> <u>10-18-60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <u>10-18-60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Highland</b>			<b>23d. LOCATION</b> (City, town, or county) (State) <b>Kans. City, Missouri</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>WATKINS BROS. FUNERAL HOME 18th &amp; Benton</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-19-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>H-L-Dwyer</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. H. Bryan

**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 R. Williams

Licensed Embalmer No. 4500

P. O. Address: 18th Street

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