IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038619

FILED VS OCT 31 1960

Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 5247 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 47 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hospital
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 5430 Paseo
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print)
First: GARABED Middle: D. Last: YEGHISHIAN

4. DATE OF DEATH Month: October Day: 16, Year: 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH 4/15/1884
9. AGE (last birthday) 76
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) Retired- Rug Dealer
10b. KIND OF BUSINESS OR INDUSTRY Kallaian Rug Co.
11. BIRTHPLACE (City and state or country) Everak, Armenia
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Rose Yeghishian

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) – – –
16. SOCIAL SECURITY NO. None
17. INFORMANT Yervant Yeghishian, Address 8047 Kenwood, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Vascular Sclerosis
DUE TO (c) Diabetes — 5 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1945 to Oct 16, 1960 and last saw her/him alive on Oct 16th 1960
Death occurred at Baptist Memorial Hospital m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Terry E. Lilly (Degree or title) M.D.
22b. ADDRESS 915 Argyle Bldg
22c. DATE SIGNED Oct 17/1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-18-60
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Freeman Mortuary, Kansas City, Missouri
ADDRESS
25. DATE RECD. BY LOCAL REG. 10-18-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Terry E. Lilly

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 Clayton L. Barnes

Signature of Student Embalmer

Licensed Embalmer No. 4793

P. O. Address K. C., M

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