

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001536

FILED VS FEB 14 1961

Registration District No. 1002 Primary Registration District No. 500 Registrar's No. STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas City Length of stay in lb 31 yrs. c. FULL NAME OF HOSPITAL OR INSTITUTION 2115 Highland d. STREET ADDRESS 2115 Highland

3. NAME OF DECEASED First Middle Last Walter Minor 4. DATE OF DEATH January 27, 1961

5. SEX male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-28-90 9. AGE 70

10a. USUAL OCCUPATION night watchman 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Shreveport, La. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Minor 13b. MOTHER'S MAIDEN NAME Jennie Crockett 14. NAME OF HUSBAND OR WIFE Lottie Minor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. 17. INFORMANT Alberta Minor, K. C. Mo.

18. CAUSE OF DEATH PART I. IMMEDIATE CAUSE (a) Coronary Thrombosis (b) Arteriosclerosis (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PART III. If deceased was female there a pregnancy in last 90 days

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY

20d. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-23-61 to 1-23-61 and last saw him alive on 1-23-61 Death occurred at Home 4:20 p.m.

22a. SIGNATURE M.F. Sewell (Degree or title) 22b. ADDRESS 1722 W 39 K.C. Mo 22c. DATE SIGNED 1-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1-31-61 23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery 23d. LOCATION (City, town, or county) Kansas City, Missouri (State)

24. FUNERAL DIRECTOR Mrs. Mdek's Mortuary, K. C. Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 1-30-61 26. REGISTRAR'S SIGNATURE Ruth Long

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED ITEM NO. SHOULD READ BY AFFIDAVIT OF F. Sewell MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Millard B. Paskin

Licensed Embalmer No. 5013

P. O. Address F. C. Mo

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.