MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029707
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4331

FILED SEP 13 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in Hospital: 4 hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 713 E. 21st St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OLLie Middle: Last: Washington

4. DATE OF DEATH: Month: 8 Day: 25 Year: 61

5. SEX: male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-9-84
9. AGE (last birthday): 77
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Louisiana
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Washington
13b. MOTHER'S MAIDEN NAME: Nancy —
14. NAME OF HUSBAND OR WIFE: Rena Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Rena Washington, Address: K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bilat. hydrothorax & atelectasis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 8-24-61, to 8-25-61 and last saw ~~her~~ him alive on 8-25-61
Death occurred at 1:20 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank Ellis (Degree or title) MD
22b. ADDRESS: 24 & Cherry
22c. DATE SIGNED: 8-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-29-61
23c. NAME OF CEMETERY OR CREMATORY: Lincoln Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Mrs. Meek's Mortuary, ADDRESS: K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 8-30-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Millard B. Pask

Signature of Student Embalmer

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 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.