SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH -61-036809

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5057 STATE FILE NUMBER

FILED OCT 27 1961

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: 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1214 Michigan — Inside Limits Yes X 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) 1214 Michigan — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First SIDNEY Middle Last BULLOCK
4. DATE OF DEATH: Month 10 Day 7 Year 1961
5. SEX: Male
6. COLOR OR RACE: Colored
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-1-1922
9. AGE (last birthday): 39 — 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: Packing House
11. BIRTHPLACE (City and state or country): Prentiss, Miss.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Don't Know
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Wilma Bullock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. II
16. SOCIAL SECURITY NO.:
17. INFORMANT: Wilma Bullock, Address: Kansas City, 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) Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Internal Thoracic Hemorrhage
DUE TO (c) Penetrating Gunshot Wound of Left Chest.
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 X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE X
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Dont Know
20c. TIME OF INJURY Hour 10:10 a.m. p.m. Month, Day, Year 10/7/61
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1214 Michigan
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw he/she/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. M. Tillman M.D. Deputy Coroner
22b. ADDRESS 1618 Lydia Ave.
22c. DATE SIGNED 10/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-13-1961
23c. NAME OF CEMETERY OR CREMATORY National
23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.

24. FUNERAL DIRECTOR ADDRESS Brown-Hudson, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 10-11-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Millard B Paskin

Signature of Student Embalmer

Licensed Embalmer No. 5013

P. O. Address K. C. Mo

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