

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038934

5514 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5514

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. J. Hillman

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>1. PLACE OF BIRTH</b> <span style="float: right;">FILED NOV 9 1962</span></p> <p>a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>20yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1707 1/2 E 18th Street</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>1707 1/2 E 18th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>					
<p><b>3. NAME OF DECEASED</b> First Middle Last <u>WILLIE ROY</u></p>		<p><b>4. DATE OF DEATH</b> Month Day Year <u>10 28 62</u></p>					
<p><b>5. SEX</b> <u>Male</u></p>	<p><b>6. COLOR OR RACE</b> <u>Negro</u></p>	<p><b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>9-15-1902</u></p>	<p><b>9. AGE (last birthday)</b> <u>60</u></p>	<p><b>IF UNDER 1 YEAR</b> Months Days Hours Min.</p>	<p><b>IF UNDER 24 HR</b> Hours Min.</p>	
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>retired</u></p>		<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Laborer</u></p>		<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Monroe, La.</u></p>		<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u></p>	
<p><b>13a. FATHER'S NAME</b> <u>Pinkey Roy</u></p>			<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>unknown</u></p>		<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>Odell Roy</u></p>		
<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u></p>		<p><b>16. SOCIAL SECURITY NO.</b></p>		<p><b>17. INFORMANT</b> Address <u>Odell Roy 1707 1/2 E. 18th</u></p>			
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u></p> <p style="text-align: center;">DUE TO (b) <u>chronic myocarditis</u></p> <p style="text-align: center;">DUE TO (c) <u>Arteriosclerosis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>						<p><b>INTERVAL BETWEEN ONSET AND DEATH</b></p>	
<p><b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <u>Chronic History of Asthma</u></p>					<p><b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>		
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>	<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>					
<p><b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year</p>		<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/></p>					
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p><b>20f. CITY, TOWN, OR LOCATION</b></p>		<p><b>COUNTY</b></p>		<p><b>STATE</b></p>	
<p><b>21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.</p>							
<p><b>22a. SIGNATURE</b> (Degree or title) <u>M. J. Hillman M.D. Deputy Coroner</u></p>			<p><b>22b. ADDRESS</b> <u>1618 1/2 dia Ave.</u></p>		<p><b>22c. DATE SIGNED</b> <u>10/30/62</u></p>		
<p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u></p>		<p><b>23b. DATE</b> <u>11-2-62</u></p>	<p><b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Blue Ridge Lawn</u></p>		<p><b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City Mo.</u></p>		
<p><b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Watkins Bros. Funeral Home 18th Benton</u></p>			<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>10-30-62</u></p>		<p><b>26. REGISTRAR'S SIGNATURE</b> <u>Ruth Long</u></p>		

NOV 20 1962

**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 Bruce A. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th Benton

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.