

CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4106

- DO NOT WRITE ON THIS STUB
- 9. 3
 - 10a. 82
 - 10b.
 - 11. 0
 - 12. 2
 - 13. 2699
 - 14.
 - 15. 9
 - 16.
 - 17.
 - 18. 2
 - 19. CREDITS
 - 20.

VS 300
Rev. 1/68

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Julie Holloway			2. F	3. 7-25-69		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. Negro		5a. 82	5b.	5c.	6. 9-15-86	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Kansas City			7d. King's Nursing Home			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. U S A		10. Widowed		11. None
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 497-36-8925		13a. Retired		13b. William Jewell College		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri		14b. Jackson	14c. Kansas City		14d. Yes	14e. 2836 Benton
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Charlie Mitchell			16. Alice Unknown			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Opel Kidd			17b. 343 North Gallatin Liberty, Missouri			
PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE						
(a) Interruption of oxygen cycle					2 hrs.	
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Cardiovascular collapse						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Malnutrition and debilitation						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)					AUTOPSY (YES OR NO)	
					19b.	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					19c.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20a.		20b.		20c.	20d.	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
20e.		20f.		20g.		
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW ALIVE ON (MONTH DAY YEAR)	DID NOT VIEW THE DECEASED AFTER DEATH.	
21c. I ATTENDED THE DECEASED FROM		2-14-69	7-25-69	7-3-69	21d.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
22a.						
CERTIFIER—NAME (TYPE OF PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Theodore F. Foster			23b. Theodore F. Foster		23c. 7/29/69	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO. CITY OR TOWN STATE			
23d. 1020 E. 75th Way			23e. Kansas City, Missouri 64131			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORIUM NAME		LOCATION CITY OR TOWN STATE		
24a. Removal		24b. Fairview		24c. Liberty, Missouri		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. 7-29-69		24e. Watkins Bros. Memorial Chapels 18th and Benton KC MO. 64127				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. W. R. Watkins			25b. Althea Boy		25c. 7-29-69	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 R. Watkins

Licensed Embalmer No. 4600

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.