

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21849

State File No.

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 20 1953		REG. DIST. NO. <u>150</u>	PRIMARY REG. DIST. NO. <u>5572</u>	Registrar's No. <u>123</u>
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Prairie</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence, Mo.</u>		
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R. #4 Lees Summit Rd.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Home for Negroes</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>DINE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>6-5-1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>1-11-1881</u>	9. AGE (10 years last birthday) <u>72</u>
10a. USUAL OCCUPATION (Give kind of work done during last of working life even if retired) <u>Janitor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newport Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dent. Kinaw</u>		13b. MOTHER'S MAIDEN NAME <u>Dent. Kinaw</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Record Jackson Co. Home</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulated Hernia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>✓</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carrying load</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>5-20, 1953</u> to <u>6-6, 1953</u> that I last saw the deceased alive on <u>6-5, 1953</u> , and that death occurred at <u>2 a</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Samuel H. Griffin M.D.</u>		23b. ADDRESS <u>Lees Summit Rd.</u>		23c. DATE SIGNED <u>6-8-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6-10-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WESTLAWN</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KAN.</u>	
DATE REC'D BY LOCAL REG. <u>6-9-1953</u>	REGISTRAR'S SIGNATURE <u>D. B. Longford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u> ADDRESS <u>Kansas City</u>		

(Licensed Embalmer's Statement on Reverse Side)

rbo

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
Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No.

4531

P. O. Address

Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.