

FILED JAN 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. **41287**
5802

BIRTH NO. 11326-70413-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5802

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (If this place) <i>Life</i>	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		e. STREET ADDRESS 1004 1/2 E. 12th	3148

3. NAME OF DECEASED (Type or Print) a. (First) Lynette b. (Middle) c. (Last) Washington			4. DATE OF DEATH (Month) (Day) (Year) 12 14 1954			
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Aug. 22, 1954	9. AGE (In years last birthday) 3mons 22 days	IF UNDER 1 YEAR Months Days 3mons 22 days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo. 6		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME <i>Thomas W. Washington, Jr.</i>	13b. MOTHER'S MAIDEN NAME Jeanetta Weldon	14. NAME OF HUSBAND OR WIFE none
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Jeanetta Washington	ADDRESS 1004 1/2 E. 12th St.
---	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 525X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute interstitial pneumonitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary congestion & edema. Pulmonary atelectasis.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)	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 12-13-54, 1954, to 12-14-54, 1954, that I last saw the deceased alive on 12-14-54, 1954, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD	(Degree or title) MD	23b. ADDRESS 600 East 22nd St.	23c. DATE SIGNED 12-16-54
--	-----------------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 18, 1954	24c. NAME OF CEMETERY OR CREMATORY Lincoln	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. 12-18-54	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros Funeral Home	ADDRESS 6th Benton
---	---	--	------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 P. Watkins*.....

Licensed Embalmer No. *450*.....

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.