

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15455**  
Registrar's No. **2062**

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2062</u>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>36yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>General Hospital #2</b>				e. STREET ADDRESS (If rural, give location) <b>1322 East 10th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>E</b>		c. (Last) <b>Gines</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 9 1955</b>
5. SEX <b>male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug. 10, 1898</b>	
9. AGE (In years last birthday) <b>56</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>bellhop</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>hotel</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Shreveport, La. /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Richard William Gines</b>			13b. MOTHER'S MAIDEN NAME <b>Sylvia LaJay</b>		14. NAME OF HUSBAND OR WIFE <b>Florida Gines</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-05-3519</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry Gines 3608 Bellaire</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral fibrocaceous tuberculosis with diffuse interstitial tuberculous pneumonia.</b>					INTERVAL BETWEEN ONSET AND DEATH
		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. <b>Gastric ulcer with hemorrhage.</b>					<b>002-X</b>
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)		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 <b>5-6-55</b> , 19__, to <b>5-9-55</b> , 19__, that I last saw the deceased alive on <b>5-9-55</b> , 19__, and that death occurred at <b>9:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. Frank Ellis</b>				23b. ADDRESS <b>MD 600 East 22nd Street</b>		23c. DATE SIGNED <b>5-10-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>May 14, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-12-55</b>		REGISTRAR'S SIGNATURE <b>Neal Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Bros. Funeral Home 1600 Benton</b>		

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 R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th Ave*

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.