Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Paul Lowell

FILED FEB 4 1957

THE DIVISION OF HEALTH, STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 1342 301

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3320 Virginia — Length of stay in 19 20 Yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 64108 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3320 Virginia — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Blanche Middle: Last: Kimball

4. DATE OF DEATH Month Day Year: Jan. 18 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 30, 1895

9. AGE (In years last birthday) 61 Yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk Spotter

10b. KIND OF BUSINESS OR INDUSTRY Esquire Cleaners

11. BIRTHPLACE (City and state or country) Ottawa, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jason Viets,

14. MOTHER'S MAIDEN NAME Barber Headley,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 496-07-2557

17. INFORMANT John W. Kimball, Address 3320 Virginia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) — 331 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/17/57 to 1/18/57 and last saw her/him alive on 1/18/57
Death occurred at 4 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Lowell M.D. (Degree or title) D

22b. ADDRESS 711 W 48th St

22c. DATE SIGNED 1/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Jan. 22, 57

23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS,

23d. LOCATION (City, town, or county) (State) Blue Ridge & Gregory, K.C. Mo.

24. FUNERAL DIRECTOR FLORAL HILLS MEM. CHAPELS, INC. K.C. MO. — ADDRESS

25. DATE RECD. BY LOCAL REG. 1-21-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Dr Lowell
711 W 44
JE-1-5315

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed. Everette S. Sell

Licensed Embalmer No. 48

P. O. Address Tucson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.