

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4814

STATE FILE NUMBER

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 719

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Kansas City Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri; b. COUNTY Cass		c. CITY OR TOWN Garden City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST Lukes		Length of stay in 1b 2hr. 30 min.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First HATTIE		Middle Pearl		Last Kimbrell		2 13 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 6 - 1904	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garment factory		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Harrisonville, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John E. Kennedy				14. MOTHER'S MAIDEN NAME Hattie Scott			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-3878200		17. INFORMANT Address Julia Kimbrell - 5042 Park - Kansas City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebral Hemorrhage						4 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension, Malignant.						8 mo	
DUE TO (c) Hypertensive Heart Disease						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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY		20d. INJURY OCCURRED					
Hour Month, Day, Year		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
While at Work <input type="checkbox"/> Not while at Work <input type="checkbox"/>							
21. I attended the deceased from 10:AM 2/13/57 to 12:30PM 2/13/57 and last saw her alive on 2/13/57. Death occurred at 12:30 P on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert W Hamill M.D. (Degree or title)				22b. ADDRESS 4620 J. C. Nicholas Pkwy Kansas City, Mo.		22c. DATE SIGNED 2/13/57	
23a. BURIAL, CREMATION, RESURRECTION (Specify)		23b. DATE Feb. 15 - 1957		23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) Pleasant Hill, Missouri (State)	
24. FUNERAL DIRECTOR Winson & Lacey - Garden City, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 2-14-57		26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300 1-56
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
Robert W. Hamill

DIAR 4

1957

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 *Riley J. Hickey*

Licensed Embalmer No. *46*

P. O. Address *Harden City*

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.