

Health,
& Welfare
Public
Service

5. 300
1-57

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17100
STATE FILE NUMBER
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1996

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If in ⁱⁿ institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS 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 2406-E-18 th ST		Length of stay in lb 23 YRS	d. STREET ADDRESS (If outside, give location) 2406-E-18 th ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RUBY MAY HAMPTON			4. DATE OF DEATH Month Day Year 4-24-57
5. SEX FEMALE 3	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1933
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POULTRY PRESSER		9b. KIND OF BUSINESS OR INDUSTRY POULTRY HOUSE	9c. AGE (In years last birthday) 24 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. FATHER'S NAME MELTON JOLLY		10b. MOTHER'S MAIDEN NAME LAVERN LOIS	10c. BIRTHPLACE (City and state or country) OKLA U.S.A.
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		12. SOCIAL SECURITY NO. 485-34-0344	13. INFORMANT LUCY COOK Address 2117 ASKEW. K.C., MO
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock			INTERVAL BETWEEN ONSET AND DEATH 1981X
DUE TO (b) Hemorrhage			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) Multiple Rifle Shot Wounds of Right Upper Extremity.			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Dont Know	
20c. TIME OF INJURY 8:40 p.m. Hour Month, Day, Year 4/24/1957			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2406 E 18th St	
		20f. CITY, TOWN, OR LOCATION KANSAS CITY JACKSON, MO. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	
		22c. DATE SIGNED 4/26/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-27-57	
		23c. NAME OF CEMETERY OR CREMATORY LINDOLN	
		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
24. FUNERAL DIRECTOR BROWN-HUDSON - K.C., MO		25. DATE RECD. BY LOCAL REG. 4-27-57	
		26. REGISTRAR'S SIGNATURE neva minshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
L. M. Tillman

(Licensed Embelmer's Statement on Reverse Side)



File 1-95-49

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 *John R. Bidman* 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 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.