FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021437
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2729

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1206 E. 24th St. — Length of stay in 1b: 17yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 822 E. 24th St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ROBERT Middle REED Last WATSON
4. DATE OF DEATH: Month 6 Day 7 Year 57
5. SEX: male
6. COLOR OR RACE: Negro
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Dec. 11, 1939
9. AGE (In years last birthday): 17 — 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): paper boy
10b. KIND OF BUSINESS OR INDUSTRY: K.C. Call
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Park Watson
14. MOTHER'S MAIDEN NAME: Inez Reed
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-40-1554
17. INFORMANT: Park Watson Address: 822 E. 24th St.

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) Left Hemothorax — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Gunshot Wounds of Chest & Body — E984X
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 ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE X
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Resisting Law Officer
20c. TIME OF INJURY: Hour 4:35 ~~p.m.~~ a.m. Month, Day, Year 6/7/57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1206 E 24
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from ____ to ____ and last saw him/her alive on ____
Death occurred at ____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Official Title) L. M. Tillman M.D. Deputy Coroner
22b. ADDRESS 1618 Lydia Ave.
22c. DATE SIGNED 6/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-11-57
23c. NAME OF CEMETERY OR CREMATORY: Lincoln
23d. LOCATION (City, town, or county) (State): Kansas City Mo.
24. FUNERAL DIRECTOR: Walthrie Bros Funeral Home — ADDRESS: W. Benton
25. DATE RECD. BY LOCAL REG.: 6-10-57
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

L. M. Tillman

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Landis H. Jackson

Licensed Embalmer No. 48

P. O. Address K. C.

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.