

FILED NOV 14 1957

STANDARD CERTIFICATE OF DEATH

35879

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4971

300 0
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) General #2		d. STREET ADDRESS 1209 Woodland	
3. NAME OF DECEASED (Type or print) First Gussie Middle Mae Last Hinchen		4. DATE OF DEATH Month October Day 20 Year 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1891
9. AGE (In years last birthday) 66 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	
11. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Hinchen		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 487-12-9817		17. INFORMANT Annetta Washington, granddaughter	
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 vascular accident		INTERVAL BETWEEN ONSET AND DEATH 33 1/2	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY _____ STATE _____	
21. I attended the deceased from 9-24-57 to 10-20-57 and last saw her/him alive on 10-20-57 Death occurred at 1:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W.R. Peters</i> (Degree or title) MD		22b. ADDRESS 600 E. 22nd Street	
22c. DATE SIGNED 10-21-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-26-1957	
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR W.R. Peters, R.C., Mo.		25. DATE RECD. BY LOCAL REG. 10-26-57	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

W.R. Peters MD

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.



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 *Nicholas J. Brown*

Licensed Embalmer No. 4721

P. O. Address 3735 Green
R.C. Brown

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.