Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001389
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 20

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 DOCTOR'S HOSPITAL — Length of stay in 1b 30 YEARS

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 1827 INDEPENDENCE AVE. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MALIK Middle RAMA Last LAL
4. DATE OF DEATH Month JANUARY Day 1 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH MAY 19, 1884
9. AGE (In years last birthday) 74 — 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) PHYSICIAN
10b. KIND OF BUSINESS OR INDUSTRY PRIVATE PRACTICE
11. BIRTHPLACE (City and state or country) PUNJAB PROVINCE, INDIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME UNKNOWN LAL
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) NO (If yes, give war or dates of service) — —
16. SOCIAL SECURITY NO. 488-36-9717
17. INFORMANT Miss Sudesh Katyal Address 5301 Charlotte K.C.Mo.

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) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH 72 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral thrombosis — 12 days
DUE TO (c) General arterio sclerosis 332.4
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 [X] 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 Dec. 19, 1958 to Jan. 1, 1959 and last saw ~~him~~ him alive on January 1, 1959
Death occurred at ~~January 1, 1959~~ 3:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. W. Thompson (Degree or title) D.O.
22b. ADDRESS 705 Bryant Bldg. Kansas City, Mo.
22c. DATE SIGNED 1-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE JAN 3, 1959
23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS* 1331 BRUSH CREEK BLV'D KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 1-4-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

F. W. Thompson

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 Basil V. Honey

Licensed Embalmer No. 4724

P. O. Address K.C., Mo.

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.