Health, Welfare Public Service

300 -57 1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005613

STATE FILE NUMBER 486

FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1126½ Truman Rd. — Length of stay in 1b 13 yrs.

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 [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 1126½ Truman Rd. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First LEONARD Middle RUSSEL Last HINCHER JR.

4. DATE OF DEATH Month January Day 21 Year 1959

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH February 13, 1918

9. AGE (In years last birthday) 40 yrs. — 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) Sanitation Dept.

10b. KIND OF BUSINESS OR INDUSTRY City of Kansas City

11. BIRTHPLACE (City and state or country) Blackwater, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leonard William Hincher

13b. MOTHER'S MAIDEN NAME Florence Lee Johnson

14. NAME OF HUSBAND OR WIFE Ophelia Hincher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 496-03-2813

17. INFORMANT Florence Hincher Address 1715 Lydia Mother

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) Acute Dilatation of Heart
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Edema + Congestion of Brain
DUE TO (c) Blow on Head

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Myocardial Insufficiency - Pulmonary Congestion.

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Dont Know

20c. TIME OF INJURY Hour 5:00 a.m. Month, Day, Year 1/17/1959

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.) Home

20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.

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

22a. SIGNATURE L. M. Tillman M.D. (Degree or title) Deputy Coroner

22b. ADDRESS 1618 Lydia Ave

22c. DATE SIGNED 1/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-27-59

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas

24. FUNERAL DIRECTOR Watkins Bros. ADDRESS Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG. 1-26-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Bentle

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.