

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021313

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2580

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		d. STREET ADDRESS (If outside, give location) 1522 Troost	
3. NAME OF DECEASED (Type or print) First Georgette Middle Drummer Last Drummer		4. DATE OF DEATH Month May Day 23 Year 1959	
5. SEX 3 female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 9, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME [REDACTED]	
13b. MOTHER'S MAIDEN NAME Virgilean Drummer		14. NAME OF HUSBAND OR WIFE none	
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. none	17. INFORMANT George Washington, 1522 Troost, K.C. Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Intracranial Hemorrhage, Shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Fracture of Skull, DUE TO (c) Fall from 3rd Fl apartment			INTERVAL BETWEEN ONSET AND DEATH 9020
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell out of 3rd Fl. window	
20c. TIME OF INJURY 4:15 p.m. 5/23/1959		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) 1524 Troost	
20e. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.		20f. COUNTY Jackson STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m 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 5/25/59		22d. SIGNATURE Neva Minshall	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/27/59	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary K.C. Mo.		25. DATE RECD. BY LOCAL REG. 5-25-59	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Mallard B. Jackson

Licensed Embalmer No. 5013

P. O. Address F. C. M.

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.