

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032190

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4625 STATE FILE NUMBER

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		Length of stay in 1b 34 yrs	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3010 Askew		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3010 Askew Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle LEE Last AMIKER			4. DATE OF DEATH Month Sept. Day 20, Year 1959		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 29, 1885	9. AGE (last birthday) 73 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Man		10b. KIND OF BUSINESS OR INDUSTRY Power & Light C	11. BIRTHPLACE (City and state or country) Paris, La.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Silas Amiker		13b. MOTHER'S MAIDEN NAME Rosie Jenkins		14. NAME OF HUSBAND OR WIFE Lillie Amiker	
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. 186-10-7345	17. INFORMANT Address Lillie Amiker 3010 Askew		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Heart	
	DUE TO (c) Diabetic Nephros	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input 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.)
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 9/17/59 to 9/20/59 and last saw her/him alive on 9/10/59 Death occurred at about 1130a m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>J. F. Thompson</i>	(Degree or title)	22b. ADDRESS 1518 97th St, Kansas City, Mo	22c. DATE SIGNED 9/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) Kans. City, Missouri
24. FUNERAL DIRECTOR ADDRESS J. Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 9-23-59	26. REGISTRAR'S SIGNATURE <i>Wendy Marshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF 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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Bruce P. Watkins

Licensed Embalmer No. 450

P. O. Address 15th & Be

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.