

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032286

FILED OCT 13 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4662

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>13th, At Chestnut St.</u> | | d. STREET ADDRESS (If outside, give location) <u>726 Greeley</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type of print) First <u>William</u> Middle <u>T.</u> Last <u>Cruitt</u> | | 4. DATE OF DEATH Month <u>9</u> , Day <u>22</u> , Year <u>1959</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/5/1937</u> |
| 9. AGE (last birthday) <u>22</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Packing House</u> | 11. BIRTHPLACE (City and state or country) <u>K.C. Kansas</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> | | 13a. FATHER'S NAME <u>Albert Cruitt</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Person</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>515-32-4724</u> | 17. INFORMANT Address <u>Mrs Mary Cruitt, K.C. Kansas</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic Shock</u> DUE TO (b) <u>multiple auto Traumatia to</u> DUE TO (c) <u>Head, Body & Extremities</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | 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) | | | 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 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.) <u>Auto-collision</u> | |
| 20c. TIME OF INJURY <u>9:00 p.m. 9/22/1959</u> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>13th & Chestnut</u> | |
| 20e. CITY, TOWN, OR LOCATION <u>Kansas City, Jackson, Mo</u> | | 20f. COUNTY <u>Jackson, Mo</u> | |
| 21. I attended the deceased from _____ to _____ and last saw him _____ on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Deputy Coroner</u> | | 22b. ADDRESS <u>1618 India Ave</u> | |
| 22c. DATE SIGNED <u>9/23/59</u> | | 22d. LOCATION (City, town, or county) (Sign) <u>K.C. Wyandotte. Kansas</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>9/25/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u> | 23d. LOCATION (City, town, or county) <u>K.C. Wyandotte. Kansas</u> |
| 24. FUNERAL DIRECTOR <u>Bailey Funeral Home, K.C. Kansas</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-25-59</u> | 26. REGISTRAR'S SIGNATURE <u>New Minshall</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. D. Rice

Licensed Embalmer No. 14

P. O. Address 2304

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.