RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1959

59–032401
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4696

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 11 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits: Yes ☒ No ☐

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) 1614 E 12th Terr.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Gregory Middle: Last: Hunt

4. DATE OF DEATH Month: 9 Day: ~~24~~ 23 Year: 59

5. SEX: male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Oct 5, 1958

9. AGE (last birthday)

IF UNDER 1 YEAR: Months 11 Days 19 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY

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

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Oscar Hunt

13b. MOTHER'S MAIDEN NAME: Alma Sanders

14. NAME OF HUSBAND OR WIFE: none

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.: none

17. INFORMANT: Alma Hunt Address: 1614 E. 12th St. Terrace

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive thrombosis of the superior cerebral
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) sagittal sinus
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 9-20-59 to 9-23-59 and last saw ~~XXXX~~ him alive on 9-23-59
Death occurred at 4:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title) M.D.

22b. ADDRESS 2400 Cherry K.C.MO

22c. DATE SIGNED 9/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-29-59

23c. NAME OF CEMETERY OR CREMATORY: Blue Ridge Lawn

23d. LOCATION (City, town, or county) (State): Kans. City, Missouri

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

25. DATE RECD. BY LOCAL REG.: 9-28-59

26. REGISTRAR'S SIGNATURE: Nova Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Abraham Gelperin M.D. MEDICAL CERTIFICATION

DOCUMENT

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_____ Signed Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18th & Heil

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