

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 12 1959

59-036548

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 248

MAILED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Prairie-TWR Little Blue, Mo.</u>	Length of stay in 1b <u>1 Mo.</u>	c. CITY OR TOWN <u>Independence, Mo.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson Co. Home</u>		d. STREET ADDRESS (If outside, give location) <u>Jackson Co. Negro Home</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Bishop Colork</u>			4. DATE OF DEATH Month <u>10</u> Day <u>29</u> Year <u>59</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April #74</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Linn Co. Kas.</u>		
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>						
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</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 dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Beulan Stewart</u> Address <u>1515 Harrison</u>	
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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>Cordial Renal</u> DUE TO (b) <u>Nephritis (chronic)</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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
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21. I attended the deceased from Oct. 1-59 to Oct 28-59 and last saw her/him alive on 10-28-59
 Death occurred at Oct 29-59 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>D. H. Griffie M.D.</u>	22b. ADDRESS <u>Rt. 1 Independence Mo</u>	22c. DATE SIGNED <u>10-29-59</u>
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23a. BURIAL, CREMATION, REMOVAL <u>Removal</u>	23b. DATE <u>11-3-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>West Lawn Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Kan</u>
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24. FUNERAL DIRECTOR <u>Lawrence A. Jones</u> ADDRESS <u>2304 Vinc</u>	25. DATE RECD. BY LOCAL REG. <u>11-1-1959</u>	26. REGISTRAR'S SIGNATURE <u>D. B. Longford</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Student _____
Signature of Student Embalmer

Signed Lawrence G. Jones

Licensed Embalmer No. 447

P.O. Address 2304 Vine

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.