URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040015

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5756

AMENDED

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 36 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley 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) 1322 Paseo Blvd. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First George — Middle Harrison — Last Divers
4. DATE OF DEATH Month II Day 23 Year 1959
5. SEX Male
6. COLOR OR RACE Colored
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-22-1891
9. AGE (last birthday) 68
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Quincy, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Dont know
13b. MOTHER'S MAIDEN NAME Dont know
14. NAME OF HUSBAND OR WIFE Maude O. Divers;
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes, world war, one,
16. SOCIAL SECURITY NO. 495-07-9555
17. INFORMANT Maude Divers — Address 1332 Paseo Blvd.

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH 4
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hypertensive Heart Disease — 2
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 K.C. COUNTY Jackson STATE Mo.

BY AFFIDAVIT OF W. Turner

21. I attended the deceased from 10/15/59 to 11/23/59 and last saw him alive on 11/23/59
Death occurred 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE W. Turner (Degree or title) M.D.
22b. ADDRESS 1412 E 12
22c. DATE SIGNED 11/25/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov. 30. 1959
23c. NAME OF CEMETERY OR CREMATORY Ft Leavenworth Kans
23d. LOCATION (City, town, or county) (State) Leavenworth Kans
24. FUNERAL DIRECTOR Manlove-Wellman ADDRESS 1729 Lydia
25. DATE RECD. BY LOCAL REG. 11-30-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 10 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Maynard E Walton

Licensed Embalmer No. 4653

P. O. Address K.C. Ma

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