

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040101

FILED VS DEC 10 1959

5531

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5531

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	a. STATE Mo	b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 30 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 Wheatley Hosp	Inside limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3940 1/2 Olive	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Daniel	Middle Hendrix	Last Hendrix	4. DATE OF DEATH	Month II	Day 14	Year 59
---	------------------------	--------------------------	------------------------	-------------------------	--------------------	------------------	-------------------

5. SEX M	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 4/15/88	9. AGE (last birthday) 71	IF UNDER 1 YEAR	IF UNDER 24 HR
			Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Auvegne Ark	12. CITIZEN OF WHAT COUNTRY U S A
---	--	---	--

13a. FATHER'S NAME George Hendrix	13b. MOTHER'S MAIDEN NAME Inez Martin	14. NAME OF HUSBAND OR WIFE Ora Hendrix
--	--	--

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. 493-12-2816	17. INFORMANT Ora Hendrix 3940 1/2 Olive
---	--	---

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) Phelo-Nephritis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	
DUE TO (c)	

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.)
--	--	---

20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
--	------------------

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
--	---	-------------------------------------	---------------	--------------

21. I attended the deceased from <u>10-13-59</u> to <u>10-14-59</u> and last saw her <u>10-14-59</u> him <u>slive on</u>
Death occurred at <u>11:25</u> am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. M. Walden</i> (Degree or title) M.D.	22b. ADDRESS 2204-A East. 31st. Street	22c. DATE SIGNED 11-16-59
--	---	--

23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/18/59	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kansas City Mo
--	-------------------------------------	---	---

24. FUNERAL DIRECTOR Manlove-Williams	ADDRESS 1729 Lydia	25. DATE RECD. BY LOCAL REG. 11-17-59	26. REGISTRAR'S SIGNATURE <i>Deva Minahall</i>
--	-------------------------------------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. M. Walden

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 Raymond Williams

Licensed Embalmer No. 4653

P. O. Address Ac mo

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.