

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

=60-001351

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1

IDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 32 Yrs	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8412 E. 47th		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8412 E. 47th.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle FRANKLIN Last ADDISON			4. DATE OF DEATH Month 1 Day 3 Year 1960	
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5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4 27 92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate & Insurance	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Greencastle Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME Oscar Addison	13b. MOTHER'S MAIDEN NAME Martha Calfee	14. NAME OF HUSBAND OR WIFE Mrs. Vivian Addison
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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. 487 03 6261	17. INFORMANT Mrs. Vivian Addison 8412 E. 47th
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<i>Aspatic Pneumonia</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<i>Metastatic Carcinoma</i>	
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 Sept 59 to Jan 3 60 and last saw him alive on Jan 3, 60 Death occurred at 145th (m on the date stated above, and to the best of my knowledge, from the causes stated.)
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22a. SIGNATURE (Name or title) <i>James E. Griffin</i>	22b. ADDRESS 3900 Paces Rd Mo	22c. DATE SIGNED 1/4/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-5-1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Floral Hills Memorial Chapels, Inc	ADDRESS K.C. MO	25. DATE RECD. BY LOCAL REG. 1-4-60	26. REGISTRAR'S SIGNATURE <i>Neva Minnabell</i>
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DOCUMENT

BY AFFIDAVIT OF James E. Griffin, M.D. RECERTIFICATION

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 Forrest Ballenow

Licensed Embalmer No. 4714

P. O. Address Kew

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