

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001954

FILED VS. FEB 15 1960

149

Primary Registration District No. 1002

Registrar's No.

616

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 35 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 2921 Monroe			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2921 Monroe		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) PEARL First Middle Last				4. DATE OF DEATH 1-29-1960 Month Day Year											
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-4-1884		9. AGE (last birthday) 75 yrs.		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) Domestic				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Girard, Kansas		12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME John Perry				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Howard Valley							
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. 500-22-5493		17. INFORMANT Corrine Williams 2921 Monroe Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 70							
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 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 6 3 59 1-29-60 to 1-29-60 and last saw her/him alive on 1-29-60 Death occurred at 1-29-60 on the date stated above, and to the best of my knowledge, from the causes stated.								22a. SIGNATURE (Degree or title) <i>W. Alexander</i>				22b. ADDRESS 1512 N. S. J. St.		22c. DATE SIGNED 2-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-3-60		23c. NAME OF CEMETERY OR CREMATORY Lincoln				23d. LOCATION (City, town, or county) (State) Kansas City, Missouri							
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton ADDRESS				25. DATE RECD. BY LOCAL REG. 2-2-60		26. REGISTRAR'S SIGNATURE <i>Mervin Minshel</i>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Alexander

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 Deane R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18 E. Pen

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