

**FEDERAL BUREAU OF INVESTIGATION**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006335**

**FILED VS MAR 7 1960**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 994

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>								
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		Length of stay in 1b OR TOWN <b>10 yrs.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>QUEEN OF THE WORLD</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3021 AGNES</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>LEE</b> Last <b>HILL</b>				4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>16</b> Year <b>1960</b>								
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>6-7-1930</b>	9. AGE (last birthday) <b>29 yrs.</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laundry work</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Okmulgee, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>James Hill, Sr.</b>			13b. MOTHER'S MAIDEN NAME <b>Thelma Morrison</b>			14. NAME OF HUSBAND-OR WIFE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>511-28-3959</b>		17. INFORMANT <b>MRS. MAYOLA PERKINS</b>			Address <b>3021 Agnes Sis.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF THE LEFT BREAST WITH EXTENSION TO RIGHT BREAST AND CHEST WALL WITH EXTENSIVE METASTASIS TO LIVER, CERVICAL, SUPRACLAVICULAR, AXILLARY, RETROAORTIC, MESENTERIC AND PERIORTAL LYMPH NODES. LOBAR PNEUMONIA, BILATERAL</b>							INTERVAL BETWEEN ONSET AND DEATH					
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>12-30-59</b> , to <b>2-16-60</b> and last saw her/him alive on <b>2-16-60</b> Death occurred at <b>6:35 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE (Degree or title) <i>Arthur B. Smith</i>						22b. ADDRESS <b>830 Argyle Building KCMO</b>			22c. DATE SIGNED <b>2-19-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-20-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b>			23d. LOCATION (City, town, or county) (State) <b>Kans. (City, Missouri)</b>						
24. FUNERAL DIRECTOR <b>Watkins Bros. Funeral Home 18th &amp; Benton</b>				25. DATE RECD. BY LOCAL REG. <b>2-19-60</b>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Arthur B. Smith

**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 Richard Green

Licensed Embalmer No. 4721

P. O. Address 18th & Beech

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.