

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 11 1960

-60-006336

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1252 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kan City Mo</u>		a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		c. CITY OR TOWN <u>Kan City Mo</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp #1</u>		Length of stay in 1b <u>41 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>3219 S. Benton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)			
First <u>Gertrude</u>		Middle <u>Hill</u>		Month <u>2</u> Day <u>28</u> Year <u>60</u>		68 yrs.			
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-28-1891</u>		9. AGE (last birthday) <u>68 yrs.</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Memphis, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Thomas Hale</u>			
13b. MOTHER'S MAIDEN NAME <u>Betty Wiloughby</u>		14. NAME OF HUSBAND OR WIFE <u>John Hill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>			
17. INFORMANT <u>Thomas Bentley</u>		Address <u>6116 St. Lawrence</u>		City <u>Chicago, Ill.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <u>Possible Myocardial infarction</u>		DUE TO (b)		DUE TO (c)		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.					
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 <u>11:30</u> a.m. / p.m.		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>2-5-60</u> to <u>2-28-60</u> and last saw her alive on <u>2-28-1960</u>			
22a. SIGNATURE <u>H. Sawyer</u> (Degree or title)		22b. ADDRESS <u>2400 Perry - City</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>		22d. LOCATION (City, town, or county) <u>Kans. City, Missouri</u>			
22e. DATE SIGNED <u>2/29/60</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-3-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>			
23d. LOCATION (City, town, or county) <u>Kans. City, Missouri</u>		24. FUNERAL DIRECTOR <u>WATKINS BROS. FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>3-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Neve Minshall</u>			
ADDRESS <u>18th & Benton</u>		25. DATE RECD. BY LOCAL REG. <u>3-2-60</u>		26. REGISTRAR'S SIGNATURE <u>Neve Minshall</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & 2

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