

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006566

FILED VS. MAR 7 1960

149

Registration District No. **1002** Primary Registration District No. **1002** Registrar's No. **1064**

1064

STATE FILE NUMBER

INDEXED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HIGH OWENS

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>unk</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>602 Walnut</i>
3. NAME OF DECEASED (Type or print) First <i>PAUL</i> Middle <i>SHERMAN</i> Last <i>SHERMAN</i>		4. DATE OF DEATH Month <i>2</i> Day <i>18</i> Year <i>1960</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> <i>unk</i> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>unk</i>
9. AGE (last birthday) <i>70</i>		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) <i>labor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Construction</i>	11. BIRTHPLACE (City and state or country) <i>unk</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>unk</i>	
13b. MOTHER'S MAIDEN NAME <i>unk</i>		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) <i>no</i>		16. SOCIAL SECURITY NO. <i>unk</i>	17. INFORMANT Address <i>Coroner's Office Ke Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Contusion Head Concussion</i> DUE TO (b) <i>Brain</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 checked="" 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.) <i>Stumbled on curb & fell</i>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <i>Street</i>		20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>	COUNTY <i>Jackson</i>
20g. STATE <i>MO</i>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>High Owen Owens Coroner</i>		22b. ADDRESS <i>1034 Riatta Bldg</i>	
22c. DATE SIGNED <i>2-22-60</i>		23. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cem.</i>	
23a. BURIAL, CREMATION, REBURNAL (Specify) <i>Burial</i>	23b. DATE <i>2-22-1960</i>	23c. LOCATION (City, town, or county) (State) <i>Kansas City, MO</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Janetius Bros Ke Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-22-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

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 *R. C. Rosentens*

Licensed Embalmer No. 4554

P. O. Address KCMO

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.