

**FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE**  
**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006666**

**FILED VS. MAR 3 1960**

**149**

Registration District No. **1005**

Primary Registration District No. **1005**

Registrar's No. **865**

STATE FILE NUMBER

UNDECEASED

|  |  |  |  |  |  |   |  |  |  |   |  |   |  |
|--|--|--|--|--|--|---|--|--|--|---|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Jackson</b><br>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in 1b <b>20 Years</b>  |  |  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b><br>c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>401 East Porte Cima Pas</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |   |  |  |  |   |  |   |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <b>VINCENT</b> Middle <b>LE VERNE</b> Last <b>WATKINS</b>   |  |  |  | <b>4. DATE OF DEATH</b> Month <b>Feb.</b> Day <b>11</b> Year <b>1960</b>   |  |   |  |  |  |   |  |   |  |
| <b>5. SEX</b><br><b>Male</b>   |  | <b>6. COLOR OR RACE</b><br><b>White</b>  |  | <b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   |  | <b>8. DATE OF BIRTH</b> <b>12-24-1892</b>   |  | <b>9. AGE</b> (last birthday) <b>67</b>  |  | <b>IF UNDER 1 YEAR</b><br>Months <input type="checkbox"/> Days <input type="checkbox"/> |  | <b>IF UNDER 24 HR</b><br>Hours <input type="checkbox"/> Min. <input type="checkbox"/> |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Chief of Returns Dept.</b>  |  |  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Bureau of Internal Revenue</b>  |  |   |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>Linn County, Kansas.</b>   |  | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U.S.A.</b>                                     |  |   |  |
| <b>13a. FATHER'S NAME</b><br><b>William A. Watkins</b>   |  |  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Lana Payne</b>  |  |   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Ethlyn Watkins</b>  |  |   |  |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes</b>   |  |  |  | <b>16. SOCIAL SECURITY NO.</b><br><b>261-03-1392</b>   |  | <b>17. INFORMANT</b> Address <b>401 East Porte</b><br><b>Mrs. Ethlyn Watkins, Cima Pas, K.C., Mo.</b> |  |  |  |   |  |   |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b><br>DUE TO (b) <b>Acute Coronary Occlusion</b><br>DUE TO (c) <b>Arteriosclerotic Heart Disease.</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |  |  |  |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hour</b>                                       |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |   |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> |  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)  |  |   |  |  |  |   |  |   |  |
| <b>20c. TIME OF INJURY</b> Hour <input type="checkbox"/> Month, Day, Year  |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>           |  |  |  |   |  |  |  |   |  |   |  |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |  |  | <b>20f. CITY, TOWN, OR LOCATION</b>  |  |   |  | <b>COUNTY</b>  |  | <b>STATE</b>  |  |   |  |
| <b>21. I attended the deceased from</b> <b>2-14-45</b> to <b>2-11-60</b> and last saw her/him alive on <b>2-11-60</b><br>Death occurred at <b>10:30</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |  |  |  |   |  |  |  |   |  |   |  |
| <b>22a. SIGNATURE</b><br><i>John H. Wheeler</i> (Degree or title)  |  |  |  |  |  | <b>22b. ADDRESS</b><br><b>M.D. 411 Nichols Road, K. C. Mo.</b>  |  |  |  | <b>22c. DATE SIGNED</b><br><b>2-11-60</b>   |  |   |  |
| <b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Burial</b>  |  | <b>23b. DATE</b><br><b>Feb. 13, 1960</b>   |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Mount Moriah Cemetery</b>  |  |   |  | <b>23d. LOCATION</b> (City, town, or county) (State)<br><b>Kansas City, Mo.</b>  |  |   |  |   |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><b>FREEMAN MORTUARY, Kansas City, Missouri.</b>   |  |  |  |  |  | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>2-12-60</b>   |  | <b>26. REGISTRAR'S SIGNATURE</b><br><i>Neva Minchell</i>   |  |   |  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **John H. Wheeler**

STATEMENT BY LICENSED EMBALMER

Exp. 3 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by J. Lauren Freeman, Jr. Student Embalmer No. 582  
working under my personal supervision.

Student J. Lauren Freeman Jr.  
Signature of Student Embalmer

Signed Clayton K. Barnes

Licensed Embalmer No. 4793  
P. O. Address K. C., Mo.

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.