

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010879

FILED VS. MAR 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1272

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE MISSOURI COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY	Length of stay in 1b 8 YRS	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1409-E-12 <sup>th</sup> ST	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1409-E-12 <sup>th</sup> ST	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First MELLY	Middle	Last CULLY	4. DATE OF DEATH	Month 3	Day 1	Year 1960
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5. SEX FEMALE	6. COLOR OR RACE COL.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-7-1909	9. AGE (last birthday) 50	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) HOME	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) DENISON TEXAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JULIUS WILLIAMS	13b. MOTHER'S MAIDEN NAME JANIE	14. NAME OF HUSBAND OR WIFE DONT KNOW
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 441-16-8770	17. INFORMANT BERTHA BRADFORD, K.C., MO.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) Pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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	Month, Day, Year

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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 2/19/60 to 2/29/60 and last saw her alive on 2/29/60  
 Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE George H. Taft (degree or title)	22b. ADDRESS 2204 E. 18th St.	22c. DATE SIGNED 3/3/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-5-1960	23c. NAME OF CEMETERY OR CREMATORY LINCOLN	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO
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24. FUNERAL DIRECTOR BROWN-HUDSON, K.C., MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-3-60	26. REGISTRAR'S SIGNATURE never minshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF George H. Taft

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.