OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010908

FILED VS MAR 28 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1509 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 40 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST; MARY'S HOSPITAL — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 426 N. WHITE — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROY Middle STOVER Last DRINKARD
4. DATE OF DEATH Month 3 Day 11 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-22-95
9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months – Days – IF UNDER 24 HR Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (City and state or country) HIBERNIA, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JAMES J; DRINKARD
13b. MOTHER'S MAIDEN NAME ANNA LEE MOORE
14. NAME OF HUSBAND OR WIFE BESSIE DRINKARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W;W; I
16. SOCIAL SECURITY NO. -----
17. INFORMANT MRS. RALPH WEBBER Address WICHITA, KAN

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Hazard - Bilateral — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mural Thrombi - right Ventricle
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 3-60, to March 11-60 and last saw her/him alive on March 11-60
Death occurred at 11:55 PM p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J.E. Castles MD
22b. ADDRESS 1002 Argyle Bldg KC Mo
22c. DATE SIGNED 3-14-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-14-60
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM;
23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.

24. FUNERAL DIRECTOR ADDRESS J.C. H. BLACKMAN & SON INC. K.C.
25. DATE RECD. BY LOCAL REG. M. 3.14.60
26. REGISTRAR'S SIGNATURE neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J.E. Castles

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. C. Quinn

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K.C., Mo.

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