URL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 8 1960

60-010929

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1510

NDED

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. 10 yrs, ~~28 days~~
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5144 Winchester — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Roy Middle T Last Fisher

4. DATE OF DEATH Month 3rd Day 12th Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2-21-92
9. AGE (last birthday) 68 yrs — 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) Maintainance Wkr
10b. KIND OF BUSINESS OR INDUSTRY Mainatainance
11. BIRTHPLACE (City and state or country) Syracuse ~~Syracuse~~, Mo
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Kale Fisher
13b. MOTHER'S MAIDEN NAME Mary Moon
14. NAME OF HUSBAND OR WIFE Bonnie Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 4/29/18 to 4/26/19
16. SOCIAL SECURITY NO. 500 10 5676
17. INFORMANT Wilma Parrish, Daughter, K.C., Mo. Address V.A. Hospital Records, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Generalized carcinomatosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of stomach

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. VA attended the deceased from February 13, 1960, to March 12, 1960 and to the best of my knowledge
Death occurred at 8:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles H. Kirkpatrick MD
22b. ADDRESS V.A. Hospital, K.C., Mo
22c. DATE SIGNED 3/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-15-60
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem
23d. LOCATION (City, town, or county) Sedalia (State) Mo

24. FUNERAL DIRECTOR D.W. Newcomers, N.K.C. ADDRESS
25. DATE RECD. BY LOCAL REG. 3-14-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Charles H. Kirkpatrick

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_____ Signed John W Kalsbeek

Signature of Student Embalmer

Licensed Embalmer No. 494

P. O. Address No. Ran

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