IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010941

STATE FILE NUMBER

FILED VS MAR 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1274

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: K.C., Mo.
Length of stay in 1b: 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hosp.
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Clay
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 324 N. Baltimore
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First BARNEY Middle LEE Last FREDRICK.

4. DATE OF DEATH: Month 2 Day 29 Year 60

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Married
8. DATE OF BIRTH: 12-6-1915
9. AGE (last birthday): 44
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): Auto Mech.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Young Co. Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Willie E. Fredrick
13b. MOTHER'S MAIDEN NAME: Etta May Holden
14. NAME OF HUSBAND OR WIFE: Ruby Fredrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 432-03-3808
17. INFORMANT: Mrs Ruby Fredrick Address: 324 N. Balt. K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobar Pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ 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 2-29-60 1:30 PM to 2-29-60 and last saw him alive on 2-29-60

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H.L. Dwyer (Degree or title) MD
22b. ADDRESS: 2400 Cherry
22c. DATE SIGNED: 3-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-3-60
23c. NAME OF CEMETERY OR CREMATORY: East Lawn
23d. LOCATION (City, town, or county) (State): Riverside Mo.

24. FUNERAL DIRECTOR: C.W. Newcomer Son ADDRESS: N.K.C.
25. DATE RECD. BY LOCAL REG.: 3-3-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF H. L. Dwyer

DOCUMENT

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 V. Henick, Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4848

P. O. Address K. C. 17, K

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