URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010959
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1461

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 5 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GEN. HOSP. #1 — 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) 1511-E-10TH ST. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First PHYLLIS Middle E. Last GORHAM
4. DATE OF DEATH Month 3 Day 10 Year 1960

5. SEX FEMALE
6. COLOR OR RACE COLORED
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH 4-31,1928
9. AGE (last birthday) 31
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) DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY HOMES
11. BIRTHPLACE (City and state or country) MARSHALL, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME RUFUS GORHAM
13b. MOTHER'S MAIDEN NAME EDITH GIBSON
14. NAME OF HUSBAND OR WIFE —

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. —
17. INFORMANT EDITH PRICE Address 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) Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Internal Hemorrhage
DUE TO (c) Stab Wound of Heart.
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.) Dont Know

20c. TIME OF INJURY Hour 1:05 a.m. Month, Day, Year 3/10/60

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.) 12th & Highland
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO.

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF M. Tillman

22a. SIGNATURE (Degree or title) M. Tillman M.D. Deputy Coroner
22b. ADDRESS 1618 Lydia Ave.
22c. DATE SIGNED 3/11/60.

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 3-11-1960
23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY
23d. LOCATION (City, town, or county) MARSHALL (State) MO.

24. FUNERAL DIRECTOR BROWN-HUDSON, K.C., MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 3.11.60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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_____
Signature of Student Embalmer

Signed Willard B. Parkis

Licensed Embalmer No. 5013

P. O. Address K. C. M

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.