

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-011279

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1698 STATE FILE NUMBER

| | | | | | | |
|---|--|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived, ¹⁶ institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 6 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 GEN. HOSP.#1 | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1305 TROOST | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First ROBERT Middle C Last TIPTON | | | 4. DATE OF DEATH Month 3 Day 20 Year 1960 | | | |
| 5. SEX MALE | 6. COLOR OR RACE COLORED | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-18-1921 | 9. AGE (last birthday) 38 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER | | 10b. KIND OF BUSINESS OR INDUSTRY MISC. JOBS | 11. BIRTHPLACE (City and state or country) MUSKOGEE, OKLA | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME DON'T KNOW | | 13b. MOTHER'S MAIDEN NAME DON'T KNOW | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES | | 16. SOCIAL SECURITY NO. W.W. 11 446-10-5536 | 17. INFORMANT Address K.C., Mo. ALMA MOORE 1305 TROOST | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhagic Shock DUE TO (b) Hemopericardium, Hemothorax Left DUE TO (c) Penetrating Stab Wound of Heart Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | 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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 1:50 a.m. 3/20/60 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.) 1305 Troost | 20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo. | | COUNTY STATE | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE Deputy Coroner | | | 22b. ADDRESS 1618 Lydia Ave | | 22c. DATE SIGNED 3/20/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 3-23-1960 | 23c. NAME OF CEMETERY OR CREMATORY - | 23d. LOCATION (City, town, or county) (State) MUSKOGEE, OKLA. | | | |
| 24. FUNERAL DIRECTOR BROWN-HUDSON, K.C., Mo. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-22-60 | 26. REGISTRAR'S SIGNATURE Neve Marshall | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. WILLMAN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{APR 4 1966} embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Paster

Licensed Embalmer No. 501
P. O. Address 140

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