URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011282

FILED VS APR 4 1960 / 49

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 1668 STATE FILE NUMBER

ENDED

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 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 800 WEST 45 th st. — 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) 8 00 WEST 45th ST. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: BARBARA JEAN TUCKER
4. DATE OF DEATH Month Day Year: MARCH 18, 1960

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐: Married
8. DATE OF BIRTH: Oct. 6 1924
9. AGE (last birthday): 35 — 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): Medicial Technician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Salt Lake City Utah
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Erenest A. Piper
13b. MOTHER'S MAIDEN NAME: Helen Taylor
14. NAME OF HUSBAND OR WIFE: Robert Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 487-26 -7175
17. INFORMANT: Kansas City Missouri Mr. Robert Tucker 800 West 45th Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot Wound of Chest
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.) Apparently shot herself
20c. TIME OF INJURY Hour ~~a.m.~~ p.m. Month, Day, Year: 8:04 3-18-60
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.): Home
20f. CITY, TOWN, OR LOCATION: Kansas City — COUNTY: Jackson — STATE: Mo

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 (Degree or title): Geo C. Kealhofer M.H. Deputy Coroner
22b. ADDRESS: 6627 Prospect Kansas
22c. DATE SIGNED: 3-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/20/1960
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS: D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri
25. DATE RECD. BY LOCAL REG.: 3-21-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

Geo C. Kealhofer

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 Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 493

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.