URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011301

FILED VS MAR 28 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1573 STATE FILE NUMBER

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: 16 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1326 Paseo — Inside Limits Yes X 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 1326 Paseo (If outside, give location) — Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First GEORGIA Middle GERTRUDE Last WEBBER

4. DATE OF DEATH Month March Day 14 Year 1960

5. SEX Female
6. COLOR OR RACE Negro
7. Married X Never Married Widowed Divorced
8. DATE OF BIRTH 10-6-1918
9. AGE (last birthday) 41 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ~~Housewife~~ Boolie, Okla. USA
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Otto Thomas
13b. MOTHER'S MAIDEN NAME Nancy Johnson
14. NAME OF HUSBAND OR WIFE Leo Webber

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 Leo Webber Address 1326 Paseo

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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 8 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 X
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 KC COUNTY Jackson STATE Mo.

21. I attended the deceased from 3/6/60, to 3/14/60 and last saw her him alive on 3/6/60
Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leo Webber (Degree or title) M.D.
22b. ADDRESS 1612 E 12 KC Mo.
22c. DATE SIGNED 3/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-19-60
23c. NAME OF CEMETERY OR CREMATORY Lincoln
23d. LOCATION (City, town, or county) (State) Kans. City, Missouri

24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME ADDRESS 18th & Benton
25. DATE RECD. BY LOCAL REG. 3-16-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Turner

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 Bruce R. Watkins

Signature of Student Embalmer

Licensed Embalmer No. 45 ad

P.O. Address 18 th & Ber

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.