

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015302

FILED VS. MAY 9 1960

149

Primary Registration District No. 1002

Registrar's No.

2229

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>15 yrs.</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>										
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <i>General Hosp.</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1805 Brooklyn</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <i>Zadie</i> Middle <i>BELL</i> Last <i>Fleming</i>				4. DATE OF DEATH Month <i>4</i> Day <i>19</i> Year <i>60</i>												
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>8-9-1892</i>	9. AGE (last birthday) <i>67 yrs.</i>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>San Antonio, Texas</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>									
13a. FATHER'S NAME <i>Ben Hanson</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Casen</i>			14. NAME OF HUSBAND OR WIFE <i>Randall Fleming</i>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>460-07-9462</i>		17. INFORMANT <i>Beatrice Cook</i>			Address <i>2620 Isabelle Houston, Texas</i>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i>							INTERVAL BETWEEN ONSET AND DEATH									
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK: <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							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 <i>4-1-60</i> to <i>4-19-60</i> and last saw her alive on <i>4-19-60</i> Death occurred at <i>10:30 p</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE (Degree or title) <i>H. Sawyer MD</i>				22b. ADDRESS <i>2400 Cherry</i>				22c. DATE SIGNED <i>4-22-60</i>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-23-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Blue Ridge Lawn</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>											
24. FUNERAL DIRECTOR <i>Watkins Bros. Funeral Home</i>				ADDRESS <i>18th & Benton Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>4-21-60</i>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dwyer

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 10th & Bee

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