

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015344

FILED VS MAY 16 1960

149

Primary Registration District No. 100d

Registrar's No.

2396

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before a. STATE <i>Missouri</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>Life</i>	c. CITY OR TOWN <i>Kansas City</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>3235 Brooklyn</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Timothy</i> Middle <i>Lee</i> Last <i>Graves</i>			4. DATE OF DEATH Month <i>4</i> Day <i>28</i> Year <i>60</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4/14/60</i>	9. AGE (last birthday) Months <i>17</i> Days <i>14</i> Hours <i></i> Min. <i></i>	IF UNDER 1 YEAR	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>
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13a. FATHER'S NAME <i>Leroy Graves (D)</i>	13b. MOTHER'S MAIDEN NAME <i>Gertrude Williams</i>	14. NAME OF HUSBAND OR WIFE <i>Infant</i>
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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>none</i>	17. INFORMANT <i>Leroy Graves, 3235 Brooklyn</i>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Cerebral anoxia</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause test.	DUE TO (b) <i>pneumonia</i>	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Rhabdomyosarcoma of the heart</i>	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
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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.)
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20c. TIME OF INJURY Hour <i></i> Month, Day, Year <i></i>	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 <i></i>	COUNTY <i></i>	STATE <i></i>
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21. I attended the deceased from <i>4-27-60</i> to <i>4-28-60</i> and last saw him alive on <i>4-28-60</i> Death occurred at <i>2:33 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Donald E. Jones, M.D.</i> (Degree or title)	22b. ADDRESS <i>2406 Cherry, K.C., Mo.</i>	22c. DATE SIGNED <i>4/29/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4/30/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Highland Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Jackson, Mo.</i>
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24. FUNERAL DIRECTOR <i>Badeau, Appleton & Jones, K.C., Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>4-29-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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DOCUMENT

BY AFFIDAVIT OF DR. FRANK BILLS, MEDICAL CERTIFICATION

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address _____

Kansas City Mo.

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.