

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 26 1960

60-015394 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2039

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1814 West 39th St. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte c. CITY OR TOWN Kansas City d. STREET ADDRESS (If outside, give location) 2007 West 39th

3. NAME OF DECEASED First Middle Last Barter Preston Hill 4. DATE OF DEATH Month Day Year 4-11-60

5. SEX Male 6. COLOR OR RACE White 7. Married Widowed 8. DATE OF BIRTH 9/7/1890 9. AGE (last birthday) 69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 10b. KIND OF BUSINESS OR INDUSTRY Self Employed 11. BIRTHPLACE (City and state or country) Richmond Missouri 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Pres Hill 13b. MOTHER'S MAIDEN NAME Geneve Kavanaugh 14. NAME OF HUSBAND OR WIFE Hazel Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. W W One 17. INFORMANT Hazel Hill 2007 W. 39th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion

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.)

20c. TIME OF INJURY Hour 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 COUNTY STATE

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

22a. SIGNATURE (Degree or title) Bishop of Omuus Couron 22b. ADDRESS 1034 Riatta Bldg 22c. DATE SIGNED 4-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/14/1960 23c. NAME OF CEMETERY OR CREMATORY Forest Hill 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Gate Funeral Home Kansas City, Kan 25. DATE RECD. BY LOCAL REG. 4-11-60 26. REGISTRAR'S SIGNATURE Neva Mitchell

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

**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 Paul R. Williams

Licensed Embalmer No. 5009

P. O. Address Overland

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.