

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015633

INDEXED

FILED V6 MAY 9 1960

147

Primary Registration District No. 1002

Registrar's No. 2223

2223

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JACKSON</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>Life</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hosp. #1</b>				d. STREET ADDRESS (If outside, give location) <b>1817 E 7th</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Shankles</b>			4. DATE OF DEATH Month Day Year <b>4 12 60</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/13/60</b>	
9. AGE (last birthday) <b>6 yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (City and state or country) <b>Kansas City, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>-</b>			
13b. MOTHER'S MAIDEN NAME <b>Iris Shankles</b>		13c. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Iris Shankles, 1817 E. 7th</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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 checked="" 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 <b>4/12/60</b> to <b>4/12/60</b> and last saw him <b>live on 4-12-60</b> Death occurred at <b>10:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>H. L. Dwyer</b> (Degree or title)		22b. ADDRESS <b>2400 Sherry, K.C. Mo.</b>		22c. DATE SIGNED <b>4/20/60</b>	
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>4-27-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Linds</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City MO</b>	
24. FUNERAL DIRECTOR <b>Tommy Thompson</b>		ADDRESS <b>KC MO</b>		25. DATE RECD. BY LOCAL REG. <b>4-20-60</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

DOCUMENT

MEDICAL CERTIFICATION

H. L. Dwyer

BY AFFIDAVIT OF

**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 Mr. Embalmer, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm. A. Robinson

Licensed Embalmer No. 308

P. O. Address N.C. Me

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