URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-019324

STATE FILE NUMBER

FILED VS JUN 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2729

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 50 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2711 Garfield
Inside Limits Yes ☒ 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 (If outside, give location) 2711 Garfield
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First WALTER Middle MITCHELL Last CANTRELL

4. DATE OF DEATH Month May Day 16 Year 1960

5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 8-18-1884
9. AGE (last birthday) 75 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) Postal Supervisor
10b. KIND OF BUSINESS OR INDUSTRY Registered Mail Dept.
11. BIRTHPLACE (City and state or country) Danville, Illinois
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Cantrell
13b. MOTHER'S MAIDEN NAME Mary Ann Fisher
14. NAME OF HUSBAND OR WIFE Ida Marr Cantrell

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 Howard Cantrell Address Danville, Ill.

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 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 COUNTY STATE

21. I attended the deceased from 2-11-60 to 5-16-60 and last saw her him alive on 4-20-60
Death occurred at 7:45 A.M. 5-16-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Royal B. Fleming (Degree or title) M.D.
22b. ADDRESS 1433 E-19th St
22c. DATE SIGNED 5-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 5-19-60
23c. NAME OF CEMETERY OR CREMATORY Elmwood
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. 5-19-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Royal B. Fleming

DOCUMENT

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 Charles Green

Signature of Student Embalmer

Licensed Embalmer No. 4721

P. O. Address 18th & Be

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