

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026943

FILED VS AUG 8 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3810

STATE FILE NUMBER

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| | | | | | | | |
|---|--|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 10 yrs | | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PARKWAY at 1106 Paseo | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1121 Paseo | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First DAVID Middle N Last JULKS | | | | 4. DATE OF DEATH Month JULY Day 21 Year 1960 | | | |
| 5. SEX male | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Sept 29 1912 | 9. AGE (last birthday) 47 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) dishwasher | | | 10b. KIND OF BUSINESS OR INDUSTRY restaurant | | 11. BIRTHPLACE (City and state or county) Farmerville La. | | 12. CITIZEN OF WHAT COUNTRY U S A |
| 13a. FATHER'S NAME Porter Julks | | | 13b. MOTHER'S MAIDEN NAME Isabella Thornton | | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes w w 2 | | | 16. SOCIAL SECURITY NO. 437 03 0292 | | 17. INFORMANT Address Porter Julks Farmerville La | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion DUE TO (b) Myocardial Insufficiency DUE TO (c) Chronic Myocarditis 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 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 _____ a.m. _____ p.m. Month, Day, Year _____ | | | | | | | |
| 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Print or type) Deputy coroner | | | | 22b. ADDRESS 1618 Lydia Ave | | 22c. DATE SIGNED 7/22/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 7 24 1960 | 23c. NAME OF CEMETERY OR CREMATORY Farmerville Cemetery | | 23d. LOCATION (City, town, or county) Farmerville La | | (State) |
| 24. FUNERAL DIRECTOR C. K. Kerford Funeral Home K. C. Mo. | | | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 7-24-60 | 26. REGISTRAR'S SIGNATURE Heva Marshall | |

DOCUMENT

MEDICAL CERTIFICATION

M. Tillman

BY AFFIDAVIT OF

AUG 8 1960

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 C. Kenneth Repp

Licensed Embalmer No. 4437

P. O. Address St. Louis

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.