URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60=029687

STATE FILE NUMBER

1LED VS SEP 6 1960

NDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 914

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in Ib 82 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2 — 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 4235 Mercier (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Robert Middle: Ervin Last: Clay
4. DATE OF DEATH Month: August Day: 30 Year: 1960
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec. 14, 1894
9. AGE (last birthday) 65
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) unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Gallatin, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James Clay
13b. MOTHER'S MAIDEN NAME Cora E. Morrow
14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Bess Wiltrout — Address 4235 Mercier, K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Tuberculosis of the lungs, Emphysema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Brain syndrome with reaction
DUE TO (c) Alcoholic intoxication with Psycotic
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 June 8, 1960, to Aug. 30, 1960 and last saw ~~her~~ him alive on Aug 30, 1960
Death occurred at 8:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Mohammad Tahir (Degree or title) M.D.
22b. ADDRESS State Hospital #2, St. Joseph
22c. DATE SIGNED 8-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Aug. 31, 1960
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Stine-McClure ADDRESS Kansas City, Mo. 3235 Gillam Plaza
25. DATE RECD. BY LOCAL REG. Aug 31, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Randell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 15 1961.

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 Thomas A. Kaul

Signature of Student Embalmer

Licensed Embalmer No. 4995

P. O. Address N.C., M

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