RL DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

60-030662

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4065

DED

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: 19 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital — Inside Limits Yes XX 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) 18 West 38th Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: William Middle: Last: McDowell
4. DATE OF DEATH Month: Aug. Day: 6 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-24-94
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): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): PROVINCE, KENTUCKY
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: JOHN McDOWELL
13b. MOTHER'S MAIDEN NAME: LAURA LAMB
14. NAME OF HUSBAND OR WIFE: MRS. HATTIE McDOWELL
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.: 498-10-6203
17. INFORMANT: MRS. HATTIE McDOWELL — Address: 18 WEST 38TH STREET KANSAS CITY, 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) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1+ yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriolosclerotic nephrosis — 6 mo.
DUE TO (c) Uremia. — 1 week
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension - Arteriosclerosis.
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 1955, to 8-6-60 and last saw him alive on 8-5-60
Death occurred at 1:10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank B. Leitz (Degree or title) MD
22b. ADDRESS 1539 Prof. Blvd Kansas City Mo.
22c. DATE SIGNED 8-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG. 8, 1960
23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. Newcomers Sons Kansas City, Mo. — ADDRESS: 1331 BRUSH CREEK
25. DATE RECD. BY LOCAL REG.: 8-8-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF 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 Thomas W. Thomson

Signature of Student Embalmer

Licensed Embalmer No. 4889

P. O. Address N. C. 2/6

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.