

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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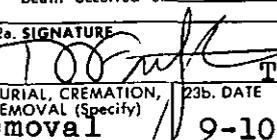
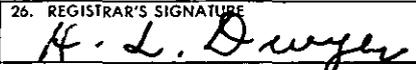
149

-60-034802

Registration District No. _____ Primary Registration District No. 1902 Registrar's No. 4539

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS * b. COUNTY Wyandotte				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 13 days		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 VA HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1245 BARNETT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle HINTON Last _____				4. DATE OF DEATH Month August Day 31 Year 1960				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-21-88	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Raleigh, North Car.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert Hinton			13b. MOTHER'S MAIDEN NAME Connie Stevens			14. NAME OF HUSBAND OR WIFE Nettie Hinton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. WWI		17. INFORMANT VA Hospital Official Rcds, K.C. Mo. Nettie Hinton, 1245 Barnett, K.C. Kans				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Pulmonary tuberculosis, advanced						
		DUE TO (c) _____						
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 checked="" 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. attended the deceased from August 18, 1960 to August 31, 1960				Death occurred at 10:30 p on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE 			(Degree or title) T. J. FRITZLEN, M.D.			22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 9-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-10-60	23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery		23d. LOCATION (City, town, or county) Kansas City, Kansas		(State)	
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K. C. Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. 9-6-60		26. REGISTRAR'S SIGNATURE 	

DOCUMENT

MEDICAL CERTIFICATION

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Millard B. Pa...

Licensed Embalmer No. 50

P. O. Address KC

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