

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-034820

FILED VS SEP 20 1960

149

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

4460

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>44 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>				d. STREET ADDRESS (If outside, give location) <u>1419 E. 18th.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>OLIVER</u> Middle <u>HUMPHRESS</u> Last _____				4. DATE OF DEATH Month <u>8</u> Day <u>27</u> Year <u>60</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>3-6-1893</u>	
9. AGE (last birthday) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>armor + co.</u>		11. BIRTHPLACE (city and state or country) <u>Bastrop, Texas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Moses Humphress</u>		13b. MOTHER'S MAIDEN NAME <u>Snay J. Winston</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Humphress</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>510-05-4413</u>		17. INFORMANT <u>Hallie Humphress montall</u> Address <u>1905</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>hemorrhagic bronchopneumonia</u> DUE TO (b) _____ DUE TO (c) _____ 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 <u>8-21-60</u> to <u>8-27-60</u> and last saw him alive on <u>8-27-60</u> Death occurred at <u>10:30</u> <u>p</u> -m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Dee or title) <u>H. L. Dwyer M.D.</u>				22b. ADDRESS <u>2400 Cherry</u>		22c. DATE SIGNED <u>8-31-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-3-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Old Quindaro</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kans.</u>	
24. FUNERAL DIRECTOR <u>Mrs. J. H. Jones</u>				25. DATE RECD. BY LOCAL REG. <u>8-31-60</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. L. Dwyer

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 Eugene English

Licensed Embalmer No. 4103

P. O. Address 4100 Sta

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