

RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 31 1960 149

5043 -60-038325
STATE FILE NUMBER

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

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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 20 yrs | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospt. No 1 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3118 Agnes 2nd Fl. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First VICTOR Middle WESLEY Last CROWLEY | | | 4. DATE OF DEATH Month October Day 6 Year 1960 | | |
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|-----------------------|----------------------------------|---|--------------------------------------|---|--|--|
| 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 6-30-1899 | 9. AGE (last birthday) 61 yrs | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-----------------------|----------------------------------|---|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Work | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Richmond, Missouri | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME John Wesley | 13b. MOTHER'S MAIDEN NAME Mollie Allen | 14. NAME OF HUSBAND OR WIFE Henrietta Crowley |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII | 16. SOCIAL SECURITY NO. 491-01-8162 | 17. INFORMANT Henrietta Crowley 3118 Agnes 2nd Fl. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Coronary Occlusion | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Myocardial Insufficiency DUE TO (c) Atherosclerosis | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Interstitial Nephritis | 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____ |
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| 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 Kans. City, Kans. | 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.

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| 22a. SIGNATURE (Degree or title) Deputy Coroner | 22b. ADDRESS 1618 Lydia Ave | 22c. DATE SIGNED 10/6/60 |
|---|---------------------------------------|------------------------------------|

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|---|------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10-10-60 | 23c. NAME OF CEMETERY OR CREMATORY Westlawn | 23d. LOCATION (City, town, or county) (State) Kans. City, Kans. |
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| 24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton | 25. DATE RECD. BY LOCAL REG. 10-7-60 | 26. REGISTRAR'S SIGNATURE H-L. Dwyer |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Tillman**

2002

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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 Bruce P. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th St. Bldg

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.