RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

60-038341
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5170

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: 60 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5904 AGNES AVENUE — 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 X No ☐
d. STREET ADDRESS (If outside, give location): 5904 AGNES AVENUE — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: Hal Middle: TURNER Last: Drake
4. DATE OF DEATH: Month: OCTOBER Day: 13 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/26/1878
9. AGE (last birthday): 82 — 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): REAL ESTATE
10b. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
11. BIRTHPLACE (City and state or country): CHILLICOTHE, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: ROBERT BRUCE DRAKE
13b. MOTHER'S MAIDEN NAME: MARY JANE LIPPINCOTT
14. NAME OF HUSBAND OR WIFE: MRS. HAZEL C. DRAKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPANISH AMERICAN
16. SOCIAL SECURITY NO.: 489-03-2441
17. INFORMANT: MRS. HAZEL C. DRAKE Address: 5904 AGNES AVE. KANSAS CITY, MO

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arterio Sclerosis
DUE TO (c):
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 X
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: ~~Kansas City, Jackson, Mo~~

21. I attended the deceased from Several years to and last saw him alive on OCT-12-1960
Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James C. Walker M.D.
22b. ADDRESS: 2727 main. K.C. Mo
22c. DATE SIGNED: Oct. 13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY: FOREST HILL CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W. NEWCOMER'S SONS, 1331 BRUSH CREEK K.C. MO.
25. DATE RECD. BY LOCAL REG.: 10-15-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF James C. Walker MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed [illegible]

Signature of Student Embalmer

Licensed Embalmer No. 3035

P. O. Address [illegible]

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