URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

-60-038400

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5334

ENDED

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 10YR
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) K.C.T.B HOSPITAL — Inside Limits Yes ☑ 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) 2846 MICHIGAN — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First JESSE Middle O. Last HERMON

4. DATE OF DEATH Month OCTOBER Day 22 Year 1960

5. SEX MALE
6. COLOR OR RACE W
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-25-02
9. AGE (last birthday) 57 — 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) MILL WORKER
10b. KIND OF BUSINESS OR INDUSTRY MILL WORK
11. BIRTHPLACE (City and state or country) CARROLTON, MO
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME FRANKLIN HERMON
13b. MOTHER'S MAIDEN NAME PEARL WINFREY
14. NAME OF HUSBAND OR WIFE BEULAH HERMON

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. 487 05 7953
17. INFORMANT Address BEULAH HARMON

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 ☐
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 9-21-60, to 10-22-60 and last saw ~~her~~ him alive on 10-22-60
Death occurred at 6:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Hetomaee M.D.
22b. ADDRESS KCTB HOSPITAL
22c. DATE SIGNED 10-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-24-1960
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS
23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS FLORAL HILLS MEMORIAL CHAPEL INC K.C. MO.
25. DATE RECD. BY LOCAL REG. 10-24-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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 by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Forrest D Coldsnow

Signature of Student Embalmer

Licensed Embalmer No. 4714

P. O. Address KC. MO.

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.