

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041997

FILED VS NOV 23 1960

149

5553

STATE FILE NUMBER

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

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</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 1b <u>Over 16 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> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1001 1/2 E 18th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|---|----------------------------------|---|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Ford</u> Last <u>Ford</u> | | | 4. DATE OF DEATH Month <u>11</u> Day <u>2</u> Year <u>60</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>Negrp</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-25-04</u> | 9. AGE (last birthday) <u>56</u> | 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) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | | 11. BIRTHPLACE (City and state or country) <u>Unknown</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</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>353-03-8905</u> | | 17. INFORMANT Address <u>Isadora Chinn, 2810 Benton</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>Rheumatic Heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | |
| | 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"/> N. <input type="checkbox"/> Unknown |

| | | | |
|---|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year _____ Hour _____ a.m. _____ p.m. | | 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 10-24-60 to 11-2-60 and last saw him alive on 11-2-60
Death occurred at 4:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | |
|--|-----------------------------|--|--|------------------------------------|
| 22a. SIGNATURE (Degree or title) <u>Leo E. Johns Jr. L.L.</u> | | 22b. ADDRESS <u>2400 Cherry-K.C. Missouri</u> | | 22c. DATE SIGNED <u>11-4-60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11-5-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Jackson, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Badeau, Appleton & Jones, K.C., Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-4-60</u> | 26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u> | |

DOCUMENT

BY AFFIDAVIT OF E. Johns, Jr. • MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Conrad A. Gandy

Licensed Embalmer No. 4944

P. O. Address K.C., Mo.

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