

FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-046073

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6134

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 21yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley Provident Hops.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1111 E. 23rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER Middle L. Last GILLESPIE				4. DATE OF DEATH Month 12- Day 2 Year 1960			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-29-1912	9. AGE (last birthday) 48	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) n.c. terminal			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Annone, Texas		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME J.N. Gillespie			13b. MOTHER'S MAIDEN NAME Mollie Garland			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 440-16-1079		17. INFORMANT Address Georgia Shumate 1214 E. 23rd St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Overwhelming Bronchopneumonia							INTERVAL BETWEEN ONSET AND DEATH 21
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) ① Lung abscess + ② pleural effusion						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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> neither		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) none				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ none							
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.) none		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson	STATE MO
21. I attended the deceased from Nov 10 60 to 2 Dec 60 and last saw him alive on 2 Dec 60 Death occurred at 1015/A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John H. Wells MD				22b. ADDRESS 3718 Prospect		22c. DATE SIGNED 4 Dec 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-6-60		23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR ADDRESS Watkins Bros. Funeral Home 18th Benton				25. DATE RECD. BY LOCAL REG. 12-6-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
John H. Wells

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 R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1212 Santa

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.