JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

EILED VS DEC 1 9 1960

-60-046105

STATE FILE NUMBER

NDED

Registration District No. 149 Primary Registration District No. 1 0 0 2 Registrar's No. 6020

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: 1 MON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2913 Michigan — 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) 2425 Montgall — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ANITA Middle JEAN Last HARDIMAN
4. DATE OF DEATH: Month 11- Day 29 Year 60
5. SEX: female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-28-60
9. AGE (last birthday): ~~1 mon~~ — IF UNDER 1 YEAR: Months 1 Days 3 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles A. Hardiman
13b. MOTHER'S MAIDEN NAME: Jacqualyn Caldwell
14. NAME OF HUSBAND OR WIFE: none
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.: none
17. INFORMANT: Charles A. Hardiman Address: 2425 Montgall

MEDICAL CERTIFICATION

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 Congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Thrombosis
DUE TO (c) Asphyxia — Suffocation
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.) Plastic Bag
20c. TIME OF INJURY Hour 6:00 a.m. p.m. Month, Day, Year 11/29/60
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.) 2425 Montgall
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

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.

BY AFFIDAVIT OF L. Tillman

22a. SIGNATURE L. Tillman M.D. Deputy Coroner
22b. ADDRESS 1618 Lydia Ave.
22c. DATE SIGNED 11/30/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-2-60
23c. NAME OF CEMETERY OR CREMATORY Lincoln
23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Watkins Bros. Funerl Home ADDRESS 18th Benton
25. DATE RECD. BY LOCAL REG. 12-1-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bruce R. Walther

Signature of Student Embalmer

Licensed Embalmer No. 450

P. O. Address 1 Fair Ben

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