

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046138

FILED VS DEC 1 9 1960

5990

STATE FILE NUMBER

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

INDEXED

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 12 yrs	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 3234 Independence Ave		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3234 Independence Ave Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ORMAN Middle B Last JACKMAN			4. DATE OF DEATH Month November Day 26 Year 1960			
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/6/1915	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) T.V. Repairman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Paragould Arkansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Jackman	13b. MOTHER'S MAIDEN NAME Laura Bryson	14. NAME OF HUSBAND OR WIFE Helen Jackman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW 2	16. SOCIAL SECURITY NO. 431-16-3337	17. INFORMANT Helen Jackman	Address 571a Tracey K C Mo
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide Poisoning 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 often in PART I (a) Alcohol Intoxication		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 checked="" 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.) Found in basement of house
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20c. TIME OF INJURY Hour a.m. p.m. 11-2760	Month, Day, Year house caught fire
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE Mo
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21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh P. Owens	22b. ADDRESS 152 mmow Station	22c. DATE SIGNED 11-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/1/60	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leavenworth Kansas
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24. FUNERAL DIRECTOR Sheil Funeral Home K C Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-29-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

Hugh P. Owens

BY AFFIDAVIT OF

FEB 2 1961

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. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address K. E. M.

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.

Special Funeral Home Co. 1200 ...
National Cemetery ...
Funeral Home ...