RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048691

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Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6615 STATE FILE NUMBER

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in Jb 15 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Union Station — 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) 729 Frost — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROSCOE Middle WALTER Last ESTES
4. DATE OF DEATH Month 12 Day 30 Year 60
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov 5 1899
9. AGE (last birthday) 61
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) Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY Yellow Cab
11. BIRTHPLACE (City and state or country) Foxville, Mo
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Nept Estes
13b. MOTHER'S MAIDEN NAME Florence Dentry
14. NAME OF HUSBAND OR WIFE Mildred
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 487-01-5438
17. INFORMANT Mildred Estes Address same

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
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 [redacted]le 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 _____, 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.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station [redacted]
22c. DATE SIGNED 12-31-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Rem.
23b. DATE 1-2-61
23c. NAME OF CEMETERY OR CREMATORY Plymouth Rock Cem
23d. LOCATION (City, town, or county) Ludlow, M[redacted] (State)
24. FUNERAL DIRECTOR SEBBETO'S ADDRESS K.C. Mo.
25. DATE RECD. BY LOCAL REG. 12-31-60
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 by

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Forrest D. Coldsmo

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.