RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

OF PUBLIC HEALTH AND WELFARE

-60-048727

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6618

FILED VS JAN 23 1961

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 15 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital — Inside Limits Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3710 Summit Street — Reside on Farm Yes [ ] No [XX]

3. NAME OF DECEASED (Type or print) First Robert Middle Stanley Last Himes

4. DATE OF DEATH Month 12th Day 29th Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 12/15/10
9. AGE (last birthday) 50 yrs — 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) Postal Worker
10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office Mail Handler
11. BIRTHPLACE (City and state or country) Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Roy L. Himes
13b. MOTHER'S MAIDEN NAME Vano Williams
14. NAME OF HUSBAND OR WIFE Julia Helena Himes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW2
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Julia Himes, Wife, KC Mo — Address V.A. Hospital Records, K.C., Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) acute and chronic cor pulmonale

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) bronchial asthma and multiple recent pulmonary emboli
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Thrombosis of peri prostatic veins.
Hypertrophy of heart due to unknown cause.

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] 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 [ ] VA
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 December 24, 1960, to December 29th, 1960 xxxxxxxx
Death occurred at 10:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T.J.Fritzlen (Degree or title) MD
22b. ADDRESS V.A.Hospital, Kansas City, Mo
22c. DATE SIGNED 12-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 31-60
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons ADDRESS Kansas City, Missouri.
25. DATE RECD. BY LOCAL REG. 12-31-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

21 Dec. 24, 1960 to Dec. 29, 1960 Dec. 24, 1960 to Dec. 30, 1960 1-4-61

BY AFFIDAVIT OF Doctor DOCUMENT

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 b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester X Brown
Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address Ke

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.