RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

-60-048730

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 6544

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: 40 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. # 1
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) 1223 East 10th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Benjamin Middle: A. Last: Holmes
4. DATE OF DEATH Month: 12 Day: 27 Year: 60
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-12-99
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): Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY: Paper Hanging
11. BIRTHPLACE (City and state or country): Palestine, Texas
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Samuel M. Holmes
13b. MOTHER'S MAIDEN NAME: Emma Pearl
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): None
16. SOCIAL SECURITY NO.: 495-10-9089
17. INFORMANT: Tommy J. Holmes Address: 2529 Olive

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) Cerebral Edema + Congestion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture Left Occipital Bone of Skull.
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 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.)
20c. TIME OF INJURY Hour: 6:15 p.m. Month, Day, Year: 11/12/60
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.): 1223 E 10
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.

22a. SIGNATURE (Degree or title) L. M. Tillman M.D. Deputy Coroner
22b. ADDRESS 1618 Lydia Ave
22c. DATE SIGNED 12/28/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-30-60
23c. NAME OF CEMETERY OR CREMATORY: City
23d. LOCATION (City, town, or county) (State): Austin, Texas

24. FUNERAL DIRECTOR: Jones & Stevens ADDRESS: 2315 Linwood
25. DATE RECD. BY LOCAL REG.: 12-28-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF L. M. Tillman

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 _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 44

P. O. Address 2315

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.