MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001438

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 105 STATE FILE NUMBER

FILED VS JAN 30 1961

WRITE STUB | AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

TYPEWRITER RIBBON

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 Over 14 Yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kelly Nursing Home — 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) 1241 Penn — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First GEORGE Middle Last IWASAKI
4. DATE OF DEATH Month January Day 5 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ unk. Divorced ☐
8. DATE OF BIRTH 10/14/1888
9. AGE (last birthday) 72 — 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Armour & Co
11. BIRTHPLACE (City and state or country) Japan
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unk
13b. MOTHER'S MAIDEN NAME Unk
14. NAME OF HUSBAND OR WIFE unknown
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.
17. INFORMANT Mrs Etta Kelly Address 4123 Indep Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Parkinson's disease, chronic — INTERVAL BETWEEN ONSET AND DEATH 5-10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bronchopneumonia, terminal — 1 wk
DUE TO (c)
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

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 June 1960, to Dec. 1960 and last saw ~~her~~ him alive on Dec 20, 1960
Death occurred at K.C. Mo m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. E. Riller MD
22b. ADDRESS K. C. Mo
22c. DATE SIGNED 1-7-61.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/10/61
23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Kansas

24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo
25. DATE RECD. BY LOCAL REG. 1-9-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Lic. Dr. Miller
Professional

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by DOUGLAS E. HOBSON, Student Embalmer No. 626 working under my personal supervision.

Student Douglas E. Hobson
Signature of Student Embalmer

Signed Richard C. Carroll

Licensed Embalmer No. 4829

P. O. Address K C Sus

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