

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005420

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 808 STATE FILE NUMBER

FILED VS MAR 3 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 lb **55 Yrs**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2116 CHARLOTTE** 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) **2116 CHARLOTTE** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **ROBERT** Middle **MACKLIN** Last
 4. DATE OF DEATH Month **FEBRUARY** Day **11** Year **1961**

5. SEX **MALE** 6. COLOR OR RACE **NEGRO** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **12/15/83** 9. AGE (last birthday) **77 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) **LABORER** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **FAYETTEVILLE, ARK** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **PERRY MACKLIN** 13b. MOTHER'S MAIDEN NAME **LUCY BALDEN** 14. NAME OF HUSBAND OR WIFE ***.....**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT **REV. PRESTON ALLEN** Address **3442 BENTON**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Hypertensive Cardio - Vascular Disease**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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

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 **Dec. 1960**, to **January 6, 1961** and last saw her/him alive on **1-6-61**
 Death occurred at **8:30 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. M. Walden, M.D.** 22b. ADDRESS **3325 Prospect** 22c. DATE SIGNED **2/14/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **2/15/61** 23c. NAME OF CEMETERY OR CREMATORY **LINCOLN CEMETERY** 23d. LOCATION (City, town, or county) (State) **KANSAS CITY, MO**

24. FUNERAL DIRECTOR **MRS. MEEK'S MORTUARY** ADDRESS **K.C. MO.** 25. DATE RECD. BY LOCAL REG. **2-15-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF **J. M. Walden**
 SHOULD READ
 ITEM NO.

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Millard B. Pask

Licensed Embalmer No.

5013

P. O. Address

R. C. M.

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.