

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025311

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3238

AMENDED

J. PLACE OF DEATH

a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 36 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Johnson Motel 107 St. & 7th Hwy 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) 18 E. 32nd Terrace Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Hazel Deane Gibson Levy

4. DATE OF DEATH Month Day Year
June 28, 1961

5. SEX Female

6. COLOR OR RACE White

7. Married Never Married
 Widowed Divorced

8. DATE OF BIRTH July 18, 1918

9. AGE (last birthday) 42

IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Missouri

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME
Samuel Poindexter

13b. MOTHER'S MAIDEN NAME
(Unknown)

14. NAME OF HUSBAND OR WIFE
Kenneth Levy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT Address
Kenneth Levy, 3904 Mannheim Rd., K. C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
 PART I. IMMEDIATE CAUSE (a) Bullet Wound Head.
 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 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.)
Self inflicted. Left note

20c. TIME OF INJURY Hour Month, Day, Year
6:28 a.m. 6-28-61

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.)
Match

20f. CITY, TOWN, OR LOCATION COUNTY STATE
Kansas City Jackson 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)
Hugh A Owens

22b. ADDRESS
157 Union Station

22c. DATE SIGNED
6-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7-1-61

23c. NAME OF CEMETERY OR CREMATORY
Mt. Washington

23d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS
Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.
6-29-61

26. REGISTRAR'S SIGNATURE
Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hugh A. Owens

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 Bolan W Mueller

Licensed Embalmer No. 5078

P. O. Address KC, Mo

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.