

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018832

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2445 STATE FILE NUMBER

FILED MAY 31 1962	
1. PLACE OF DEATH	
a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in lb <u>3 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K.C.T.B. HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1705 TOPPING</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROBERT</u> Middle <u>BLACK</u> Last <u>BLACK</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-16-23</u>
9. AGE (last birthday) <u>38</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>
11. BIRTHPLACE (City and state or country) <u>TOPEKA KAN</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>DAVID BLACK</u>	13b. MOTHER'S MAIDEN NAME <u>ROBERTA PETTIT</u>
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>
16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT Address <u>DAVID BLACK, 3722 Skyline Dr. JACKSON MISS.</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u>)	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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 <u>5-1-62</u> , to <u>5-5-62</u> and last saw her/him alive on <u>5-5-62</u> Death occurred at <u>3:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
Signature of Informant (Name and title) <u>David Black</u> 22b. ADDRESS <u>K.C.T.B. Hospital</u> 22c. DATE SIGNED <u>5-5-62</u>	
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-6-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Jackson</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson, Miss.</u>
24. FUNERAL DIRECTOR <u>Weilert's</u> ADDRESS <u>6900 Troost. K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-5-62</u>
26. REGISTRAR'S SIGNATURE <u>Arthur Long</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Bickingham MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City, 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.