

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044051

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6180 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC - 2 1963

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in lb 40 yrs | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1831 Benton | | d. STREET ADDRESS (If outside, give location) 1831 Benton | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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|---|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) OWEN KITCHEN | | | 4. DATE OF DEATH 11-10-63 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-10-06 | 9. AGE (last birthday) 57 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic | | 10b. KIND OF BUSINESS OR INDUSTRY Port Lavaca, Texas | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Cornelius Kitchen | | 13b. MOTHER'S MAIDEN NAME Sidonia Bellfield | | 14. NAME OF HUSBAND OR WIFE Bessie Kitchen | |
| 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. [REDACTED] | | 17. INFORMANT Bessie Kitchen 1831 Benton | |

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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Heart Failure DUE TO (b) Bronchial Asthma DUE TO (c) [REDACTED] | | INTERVAL BETWEEN ONSET AND DEATH [REDACTED] |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none | | 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 |

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| 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 11-7-63 to 11-10-63 and last saw her him alive on 11-9-63.
Death occurred at 10:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>[Signature]</i> | 22b. ADDRESS 3408 E 39 | 22c. DATE SIGNED 11-12-63 |
|--------------------------------------|----------------------------------|-------------------------------------|

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|--|------------------------------|--|---|
| 23a. BURIAL CREMATION REMOVAL (Specify) Burial | 23b. DATE 11-16-63 | 23c. NAME OF CEMETERY OR CREMATORY Lincoln | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
|--|------------------------------|--|---|

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|---|---|---|
| 24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME 18th & Benton | 25. DATE RECD. BY LOCAL REG. 11-13-63 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
|---|---|---|

VS 300 Rev. 4/59
1
2 3338
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4 2
5 1
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9443X
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1290-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF NEIGHBOR

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSISSIPPI

DEPT. OF HEALTH

STATE OF MISSISSIPPI

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 James P. Haskins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.