

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040207

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5561

BY AFFIDAVIT OF Informant Hugh H. Owens MEDICAL CERTIFICATION DOCUMENT Birth Record 8-3-33, Mo. Div. of Health

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>26 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Quinnette Lyda</u>				Include Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>317 Forest</u>	
3. NAME OF DECEASED (Type or print) First <u>Saul</u> Middle <u>Leon</u> Last <u>McDaniel</u>				4. DATE OF DEATH Month <u>11</u> Day <u>16</u> Year <u>59</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8/30/33</u>	
9. AGE (last birthday) <u>26</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>			
13a. FATHER'S NAME <u>Lee McDaniel</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Watkins</u>			14. NAME OF HUSBAND OR WIFE <u>Patricia McDaniel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Patricia McDaniel</u> Address <u>317 Forest</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subdural & Subarachnoid</u> DUE TO (b) <u>hemorrhage</u> DUE TO (c) <u>Contusion Head</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>hemorrhage in Pores</u> 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							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) <u>Car struck on</u>			
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month <u>11</u> Day <u>16</u> Year <u>59</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Street</u>				20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> COUNTY <u>Jackson</u> STATE <u>Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Sign or title) <u>Hugh H. Owens</u>				22b. ADDRESS <u>1034 Realty Bldg</u>		22c. DATE SIGNED <u>11-16-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>11-19-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>		23d. LOCATION (City, town, county) (State) <u>KC Kans</u>	
24. FUNERAL DIRECTOR <u>Edward B. Koptina</u> ADDRESS <u>K. City Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>11-18-59</u>		26. REGISTRAR'S SIGNATURE <u>Irene Marshall</u>	

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 *Deane B. [Signature]*

Licensed Embalmer No. 4273

P. O. Address 1007

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.