

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15348

State File No. ....

FILED JUN 2 1955

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. <u>2116</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>42 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hyde Park N.H.-401 E. 36th</u>				5. STREET ADDRESS (If rural, give location) <u>401 E. 36th, Hyde Park Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) <u>BERTHA</u>		a. (First)		b. (Middle)		c. (Last) <u>AMRINE</u>	
4. DATE OF DEATH <u>May 13, 1955</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 23, 1873</u>		9. AGE (In years last birthday): Months <u>01</u> Days _____ Hours _____ Mins _____	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Quincy, Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Junkerman</u>		13b. MOTHER'S MAIDEN NAME <u>Wahl</u>		14. NAME OF HUSBAND OR WIFE <u>John Walter Amrine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.W. Humphreys, 6936 Edgevale Rd. K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>(old age)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jane</u> , 19 <u>54</u> to <u>May 13, 1955</u> , that I last saw the deceased alive on <u>May 13, 1955</u> and that death occurred at <u>4:40 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Farnsworth MD</u> (Degree or title)				23b. ADDRESS <u>1103 Grand Kansas City, Mo</u>		23c. DATE SIGNED <u>5/14/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/16/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-16-55</u>		REGISTRAR'S SIGNATURE <u>Neval Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE &amp; McCLURE UND. CO.</u>		ADDRESS <u>K.C.MO.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. C. J. Farnsworth  
1730 Maryland  
VI 3434

Eff. 11:40 P.M.

5608 Fairway  
for about 10 weeks.

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.....

Licensed Embalmer No. 48

P. O. Address..... K.C. 9.

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.