

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001348

STATE FILE NUMBER

FILED JAN 28 1959

Registration District No.

149

Primary Registration District No.

1002

Registration No.

183

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		d. STREET ADDRESS (If outside, give location) 2105 Ridge	
3. NAME OF DECEASED (Type or print) First NORMA Middle JEAN Last HORSEMAN		4. DATE OF DEATH Month Jan. Day 10 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mch. 27, 1935
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
13a. FATHER'S NAME John Arsola		13b. MOTHER'S MAIDEN NAME Julia McGillis	14. NAME OF HUSBAND OR WIFE Jerry R. Horseman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-34-3726	17. INFORMANT Jerry R. Horseman Address K.C., Ks.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Distention & failure DUE TO (b) Bilat. Hemothorax, Hemomediastinum DUE TO (c) Chronic Constrictive Pericarditis, the			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 10 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) Pericardiectomy Surgically St. Joseph Hosp 8 Jan 59			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Head-on Collision Two Automobiles on		
20c. TIME OF INJURY Hour Feb 21, '58 a.m. 10:15 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 20f. CITY, TOWN, OR LOCATION near Kearney, Nebraska		
21. I attended the deceased from 16 July 58 to 10 Jan 59 and last saw her alive on Jan 10, 1959 Death occurred at 8:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. Glenn Elliott</i>		22b. ADDRESS 1402 Bryant Bldg. K.C., Mo.	
22c. DATE SIGNED JAN 12 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/14/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Geo. F. Porter & Sons ADDRESS K.C., Ks.		25. DATE RECD. BY LOCAL REG. 1-12-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Howard L. Porter*

Licensed Embalmer No. 3751

P. O. Address. 19th & Minnesot
Kansas City, K.

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.