

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021430
STATE FILE NUMBER

FILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3120

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 1b 65 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 General Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1110 1/2 Broadway	
3. NAME OF DECEASED (Type or print) First Bertha Middle L. Last Hitchings			4. DATE OF DEATH Month 6 Day 25 Year 59		
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 3-7-82	9. AGE (last birthday) 77	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Whitehall, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Frank Stanton		13b. MOTHER'S MAIDEN NAME Rose Phoenix		14. NAME OF HUSBAND OR WIFE Carl F. Hitchings	
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. NONE	17. INFORMANT Address Carl F. Hitchings, Kansas City, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fat embolism to messenteric vessels causing a Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Jejunitis which in turn caused perforation to lungs, kidneys, and brain DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture left hip 6-21-59					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in bathroom at home		
20c. TIME OF INJURY Hour #ip# Month, Day, Year 6-21-59	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.) home	20f. CITY, TOWN, OR LOCATION Kansas City, Mo. COUNTY Jackson STATE Mo.		
21. I attended the deceased from 6-21-59 to 6-25-59 and last saw her/him alive on 6-25-59 Death occurred at 9:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Abraham Gelpin			22b. ADDRESS General Hospital, KCMO.		22c. DATE SIGNED 6-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-27-59	23c. NAME OF CEMETERY OR CREMATORY Johnson County Memorial Gardens	23d. LOCATION (City, town, or county) Overland Pk. Kasas (State)		
24. FUNERAL DIRECTOR ADDRESS J. Royce Hoge, Overland Pk. Kansas		25. DATE RECD. BY LOCAL REG. 6-26-59	26. REGISTRAR'S SIGNATURE Steve Marshall		

DOCUMENT

Abraham Gelpin M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *J. Royce Hoyle*

Licensed Embalmer No. *3579*
P. O. Address *Westland Pa*

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.