

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029252

ED VS SEP 14 1959 149

1002

4178

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 2 yrs. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 3847 E. 60th. Terr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3847 E. 60th. Terr. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 3847 E. 60th. Terr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|---|-------------------------------|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Elmer Middle Nathan Last Painter | | | 4. DATE OF DEATH Month August Day 24 Year 1959 | | | | |
| 5. SEX male | 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 11-11-1913 | 9. AGE (last birthday) 45 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tire supervisor | | 10b. KIND OF BUSINESS OR INDUSTRY Knaus Truck Lines | | 11. BIRTHPLACE (City and state or country) Glencarbon, Ill. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME C. L. Painter | | | 13b. MOTHER'S MAIDEN NAME Jennie Durbin | | | 14. NAME OF HUSBAND OR WIFE Norma M. Painter | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | 16. SOCIAL SECURITY NO. 443-07-8445 | 17. INFORMANT Norma M. Painter Address 3847 E. 60th. Terr. | |
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| 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 pulmonary edema DUE TO (b) coronary thrombosis DUE TO (c) arteriosclerotic heart disease | | INTERVAL BETWEEN ONSET AND DEATH 15 min. unk. unk. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 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 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.) | |
| 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"/> | | 20a. 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 _____ to _____ and last saw him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|--------------------------|---|---|---------------------------------|
| 22a. SIGNATURE H L Dwyer (Degree or title) MD | | 22b. ADDRESS City Hall Kansas City, Mo. | | 22c. DATE SIGNED 8-26-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) cremation | 23b. DATE 8-27-59 | 23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| 24. FUNERAL DIRECTOR D. W. Newcomer's Sons ADDRESS 1331 Brush Creek | | 25. DATE RECD. BY LOCAL REG. 8-27-59 | 26. REGISTRAR'S SIGNATURE Neve Marshall | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF D. L. Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Index, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.