MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032273
STATE FILE NUMBER

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4532

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: 45yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3431 Garner
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Sophena Middle Jane Last Conklin
4. DATE OF DEATH: Month 9- Day 17 Year 59
5. SEX: female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-9-87
9. AGE (last birthday): 91
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Dawn, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ben Hendrickson
13b. MOTHER'S MAIDEN NAME: Ann ****
14. NAME OF HUSBAND OR WIFE: Charles Conklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: ——
17. INFORMANT: Harry K. Jones Address: 17007 East Truman 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) Acute Pancreatitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. 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 9-6-59, to 9-17-59 and last saw her ~~him~~ alive on 9-17-59
Death occurred at 4:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Abraham Gelperin (Degree or title) M.D.
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 9-18-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: H. Blackman & Son Inc. ADDRESS: K. C. Missouri
25. DATE RECD. BY LOCAL REG.: 9-18-59
26. REGISTRAR'S SIGNATURE: Nora Mendall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Abraham Gelperin M.D. MEDICAL CERTIFICATION

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W.C. Rinne

Signature of Student Embalmer

Licensed Embalmer No. 4879

P. O. Address K.C. Mo.

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