URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036285

STATE FILE NUMBER

FILED VS OCT 16 1959 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4840

ENDED

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: 3 YRS
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 3217 Cleveland (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John — Middle — Last MacLachlan

4. DATE OF DEATH: Month 10 Day 4 Year 59

5. SEX: male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-27-75
9. AGE (last birthday): 84
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): INVENTOR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): CANADA
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: ANGUS MACLACHLAN
13b. MOTHER'S MAIDEN NAME: HANNAH CLARK
14. NAME OF HUSBAND OR WIFE: ANN MACLACHLAN.

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.: 486-10-1602
17. INFORMANT: MRS. MAMIE MUNSELL — Address: NASHUA 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) Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Duodenal ulcer
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 9-28-59, to 10-4-59 and last saw him alive on 10-4-59
Death occurred at 4:30 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- K.C.Mo
22c. DATE SIGNED: 10-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-7-59
23c. NAME OF CEMETERY OR CREMATORY: East Slope Cem
23d. LOCATION (City, town, or county) (State): Platte County Mo

24. FUNERAL DIRECTOR: D.W. Newcomer's — ADDRESS: N.K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 10-7-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Abraham Gelperin M.D.

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 Glenn H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 16, Mo.

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