

PURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

KILLED VS NOV 17 1959

59-040104

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5230

UNRECORDED

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 6 DAYS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTH HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2803 1/2 EAST 31 STREET		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First DAVID LEE Middle HENSLEY Last				4. DATE OF DEATH Month OCT Day 29 Year 1959									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10 23 59		9. AGE (last birthday) 6 DAYS		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY MO.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME WILLIAM A HENSLEY				13b. MOTHER'S MAIDEN NAME FRANCES A. Donnelly				14. NAME OF HUSBAND OR WIFE NONE					
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 WILLIAM A HENSLEY 2803 1/2 E 31 STREET							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Mediastinitis										1 day			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Tracheoesophageal fistula										6 days			
DUE TO (c)													
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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from 10-23-59 to 10-29-59 and last saw him alive on 10-28-59 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE RW Butcher MD (Degree or title)						22b. ADDRESS 1805 E 80th			22c. DATE SIGNED 10-30-59				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)						
BURIAL		OCT 31, 1959		MT. OLIVET CEM			KANSAS CITY MO.						
24. FUNERAL DIRECTOR ADDRESS R. D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 10-31-59		26. REGISTRAR'S SIGNATURE Mera Minahall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF REGISTER

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 Raymond M. Hard

Licensed Embalmer No. 4913⁰

P. O. Address Indep. M

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. ²

If this body is not embalmed, fact should be so stated above.