

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044002

FILED VS JAN - 5 1960

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 170

MEMBERED

1. PLACE OF DEATH a. COUNTY HARRISON				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 BETHANY		Length of stay in 1b 15 Min.		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 NOLL MEMORIAL HOSPITAL.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3415 Paseo		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RAMONA MARIE HUXLEY				4. DATE OF DEATH Month Day Year 12-27-1959				
5. SEX female	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 11-19-1959	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months Days Hours Min. 1 8	IF UNDER 24 HR Hours Min. 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME JAMES HUXLEY			13b. MOTHER'S MAIDEN NAME MARILYN HOOTMAN			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) NONE			16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address JAMES HUXLEY, 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) Fractured skull & brain injury							INTERVAL BETWEEN ONSET AND DEATH 56 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ 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 checked="" 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.) AUTO ACCIDENT HIGHWAY # 136					
20c. TIME OF INJURY Hour a.m. p.m. 3:30 P.M. 12-27-1959			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY			20e. CITY, TOWN, OR LOCATION COUNTY STATE HIGHWAY #136 1 1/2 MILE EAST OF BETHANY, MO.		
21. I attended the deceased from Dec 27-59 to Dec 27-59 and last saw her/him alive on Dec 27-59 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 (Degree or title) Merriam Leash M. D.				22b. ADDRESS BETHANY, MO.			22c. DATE SIGNED 12-28-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-28-1959	23c. NAME OF CEMETERY OR CREMATORY Burch Funeral Home			23d. LOCATION (City, town, or county) (State) Birmingham, Iowa.		
24. FUNERAL DIRECTOR ADDRESS M. S. ... BETHANY, MO.				25. DATE RECD. BY LOCAL REG. Dec-28-1959		26. REGISTRAR'S SIGNATURE Zella Mapey		

DOCUMENT

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 M. E. REAS

Licensed Embalmer No. 3899

P. O. Address BETHANY, MO.

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.