

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 6 1960

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6073

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		a. STATE MISSOURI		b. COUNTY JACKSON	
Length of stay in 1b 20 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1017 WALNUT ST.				d. STREET ADDRESS (If outside, give location) 1347 EAST 55th STREET			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last Charles Henry Jahn			DEC 15, 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 1 24 79	9. AGE (last birthday) 80 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN JACCARD JEWELRY			10b. KIND OF BUSINESS OR INDUSTRY TONGANOXIE, KANSAS		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME HERMAN JAHN			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE RUTH A JAHN	
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. 487 09 4926		17. INFORMANT Address RUTH A JAHN 1347 EAST 55th STREET		
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac arrest							terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							? yrs
DUE TO (b) arteriosclerotic cardiovascular disease							
DUE TO (c) advanced age							
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 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from March 1948 to April 1959 and last saw her/him alive on Apr 20 1959 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R Paul Wright M.D.			22b. ADDRESS 13241 Prof. Bldg Kansas City, Mo.			22c. DATE SIGNED Dec 16 '59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE DEC 17, 1959	23c. NAME OF CEMETERY OR CREMATORY HIGHLAND PARK CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.		
24. FUNERAL DIRECTOR ADDRESS R. D. W. NEWCOMER'S SONS K. C. MO.			25. DATE RECD. BY LOCAL REG. 12-17-59		26. REGISTRAR'S SIGNATURE Neva Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Paul Wright

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 _____
Signature of Student Embalmer

Signed Regis F. Fuller

Licensed Embalmer No. 4818

P. O. Address KC 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.