

JURY 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. 1001 Registrar's No. 6093

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 9 MONTHS	c. CITY OR TOWN PRAIRIE VILLAGE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3660 SUMMITT ROANOKE NURSING HOME		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8221 BEVERLY DRIVE Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EDITH OUDERKIRK			4. DATE OF DEATH Month Day Year DEC 17, 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH SEPT 3, 1888	9. AGE (last birthday) 71 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR Months Days 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	11. BIRTHPLACE (City and state or country) STILWELL KANSAS	12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME THOMAS CONBOY	13b. MOTHER'S MAIDEN NAME FRANCES MILLER	14. NAME OF HUSBAND OR WIFE O.O. OUDERKIRK
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 LEON SECK 8221 BEVERLY DRIVE

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) Cardiac failure		20m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary arteriosclerosis & Rt Stroke	2 years
	DUE TO (c) 76 hypertensive arteriosclerotic heart disease	2 years
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 checked="" 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 1948 to 12-17-59 and last saw her ^{her} ~~alive~~ on 12-3-59
Death occurred at 6:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John T. Skinner MD (Degree or title)	22b. ADDRESS 1162 Grant St. C140	22c. DATE SIGNED 12-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC 19, 1959	23c. NAME OF CEMETERY OR CREMATORY WEA CEM.
23d. LOCATION (City, town, or county) WEA KANSAS		(State)
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS K.C. MO.	25. DATE RECD. BY LOCAL REG. 12-18-59	26. REGISTRAR'S SIGNATURE Thera Minshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **John T. Skinner**

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 Albert H. Savage

Licensed Embalmer No. 4812

P. O. Address Yonkers City

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.