

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001359

FILED VS FEB 4 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 366 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. <i>Missouri</i> b. COUNTY <i>Jackson</i>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>54 Yrs.</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>217 Argyle BLDG.,</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>405 East 72nd</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <i>David E. Alport</i>				4. DATE OF DEATH Month Day Year <i>January 21 1960</i>									
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>3/9/1905</i>		9. AGE (last birthday) <i>54</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dentist</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Dental</i>				11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Bennett Alport</i>				13b. MOTHER'S MAIDEN NAME <i>Lena Horowitz</i>				14. NAME OF HUSBAND OR WIFE <i>Belle Alport</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>				16. SOCIAL SECURITY NO. <i>—</i>				17. INFORMANT Address <i>Belle Alport 405 E. 72nd</i>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute coronary occlusion</i> DUE TO (b) <i>Arteriosclerotic cardio vascular disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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. <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.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE				
21. I attended the deceased from <i>1950</i> to <i>1-21-60</i> and last saw him alive on <i>1-17-60</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Harry K. Cohen</i> (Print name and title)						22b. ADDRESS <i>751 E. 63rd St.</i>			22c. DATE SIGNED <i>1-22-60</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Jan. 22 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Sheffield Cemetery</i>				23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>					
24. FUNERAL DIRECTOR ADDRESS <i>J.P. Louts Funeral Home, K.C., Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>1-22-60</i>				26. REGISTRAR'S SIGNATURE <i>Alva Marshall</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Harry K. Cohen

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

Leroy Deffington

Licensed Embalmer No. 2756

P. O. Address KC, Mo

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