

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001448

FILED VS FEB 4 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 477 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 21 days		c. CITY OR TOWN Hume		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First JOHN Middle RAY Last CHAMBERS				4. DATE OF DEATH Month 1 Day 25 Year 60											
5. SEX Ma		6. COLOR OR RACE Wh		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-21-83		9. AGE (last birthday) 76		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) Ret. Agent			10b. KIND OF BUSINESS OR INDUSTRY KC So. Railroad			11. BIRTHPLACE (City and state or country) Gorin, Mo.			12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME John A. Chambers				13b. MOTHER'S MAIDEN NAME Zelda Wiley				14. NAME OF HUSBAND OR WIFE Ethel B. Chambers							
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. No Record		17. INFORMANT Address L.R. Chambers, 508 E. 90 St. North									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Myocardial Infarct INTERVAL BETWEEN ONSET AND DEATH INSTANT Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease - 3-4 years Other findings - DUE TO (c) Carcinoma head of Pancreas - 2 months															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Carcinoma head of Pancreas								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 Month, Day, Year a.m. p.m.		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 JAN 6, 1960 to JAN 25, '60 and last saw him alive on 9:20 pm 1/25/60 Death occurred at 9:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Carl D. Enna Degree or title						22b. ADDRESS Argyle Bldg., K.C., Mo				22c. DATE SIGNED 1/26/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 1-28-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens				23d. LOCATION (City, town, or county) (State) Rogers, Arkansas							
24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 1-27-60		26. REGISTRAR'S SIGNATURE neva minshall									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl D. Enna

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 Alvin R. Hausschuler

Licensed Embalmer No. 4159

P. O. Address K. C. 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.

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