

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001551

FILED VS FEB 1 1960

149

Primary Registration District No. 1002 Registrar's No.

306

STATE FILE NUMBER

DED

DOCUMENT Baptismal Record

BY AFFIDAVIT OF Informant Phil P. D. Register Medical Certification

1. PLACE OF DEATH a. COUNTY JACKSON				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 KANSAS CITY		Length of stay in 1b 37 hrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 640 EAST ARMOUR BLVD				d. STREET ADDRESS (If outside, give location) 640 EAST ARMOUR		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN (JACK) FOREIT				4. DATE OF DEATH Month Day Year JAN 17, 1960			
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 2 17 96	9. AGE (last birthday) 63 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) SALESMAN SELIG CO		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NEW YORK NEW YORK		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN FOREIT			13b. MOTHER'S MAIDEN NAME MARY HUSKA			14. NAME OF HUSBAND OR WIFE HELEN FOREIT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 1		16. SOCIAL SECURITY NO. 456 10 5174		17. INFORMANT Address HELEN FOREIT 640 EAST ARMOUR			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 min.
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 <u>Jan 9 1960</u> to <u>Jan 17 1960</u> and last saw her him alive on <u>Jan 9 1960</u> Death occurred at <u>4:45</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Philip D Register MD</i>				22b. ADDRESS <i>518 Argyle Blvd</i>		22c. DATE SIGNED <i>Jan 17 60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 20, 1960	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		(State)
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.				ADDRESS	25. DATE RECD. BY LOCAL REG. 1-19-60	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>	

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 Vern Lawler

Licensed Embalmer No. 4918
P. O. Address H.C. Me

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.