

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001554

FILED VS FEB 4 1960

149

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

481

STATE FILE NUMBER

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 80 yrs 2 MO.		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 BENTON BLVD NURSING HOME				d. STREET ADDRESS (If outside, give location) 6709 BELFONTAINE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle Theresa Last Frederick			4. DATE OF DEATH Month JAN Day 25 Year 1960				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH AUG 3, 1876	9. AGE (last birthday) 83 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) none			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY KANSAS		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FREDERICK FREDERICK			13b. MOTHER'S MAIDEN NAME ANNA WALENDER		14. NAME OF HUSBAND OR WIFE UNKNOWN		
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 RALPH F. BAIERS 5526 BALES			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac failure						INTERVAL BETWEEN ONSET AND DEATH 2 mos	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease						3 yrs	
DUE TO (c) Senility							
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 12-11-59 and last saw her 1-25-60 Death occurred at 7:10 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Les Vogan D.O.				22b. ADDRESS 4605 Inden. Ave		22c. DATE SIGNED 1-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 27, 1960		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. 1-27-60		26. REGISTRAR'S SIGNATURE Neva Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Les Vogan

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 L. Sevag

Licensed Embalmer No. 4812

P. O. Address Rouses

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.