

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN 25 1960

**=60-001730**

**212**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>2 1/2 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1111 Brush Creek</u>	
3. NAME OF DECEASED (Type or print) First <u>Agnes</u> Middle <u>Bell</u> Last <u>Madison</u>				4. DATE OF DEATH Month <u>1</u> Day <u>12</u> Year <u>60</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>6-9-1903</u>	
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>6</u>		IF UNDER 24 HR Hours <u>31</u> Min. <u>00</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and state or country) <u>Norborne Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Christy Madison</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Purcell</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Viola Rawley</u> Address <u>Rockhill, Kansas City 31, Mo</u>	
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>Carcinoma of left breast with metastasis</u> DUE TO (b) <u>metastasis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease</u>						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 <u>1-4-60</u> to <u>1-12-60</u> and last saw her alive on <u>1-12-60</u> Death occurred at <u>7:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. Dwyer MD</u> (Degree or title)				22b. ADDRESS <u>2400 Cherry</u>		22c. DATE SIGNED <u>1-13-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		23b. DATE <u>1-13-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Norborne Mo.</u>	
24. FUNERAL DIRECTOR <u>Edwin James Home</u> ADDRESS <u>Norborne Mo</u>				25. DATE RECD. BY LOCAL REG. <u>1-13-60</u>		26. REGISTRAR'S SIGNATURE <u>Viola Minchall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. DWYER

MAY 19 1960

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 Bernard Seberson

Licensed Embalmer No. 2961

P. O. Address Director

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.