

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001769

FILED VS JAN 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 114 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 69 years		c. CITY OR TOWN KANSAS CITY		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. LUKES HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4437 GILLHAM ROAD			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JAMES ZIMMERMAN MUNRO				4. DATE OF DEATH Month JAN Day 5 Year 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 JULY 25 1882	9. AGE (last birthday) 77 YRS.	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) STONE CUTTER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BEANSVILLE ONTARIO CANADA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME ALEXANDER MUNRO			13b. MOTHER'S MAIDEN NAME ISABELLA MCKENZIE			14. NAME OF HUSBAND OR WIFE LILLIAN MAY MUNRO	
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. 496-05-6806-A		17. INFORMANT Address LILLIAN MAY MUNRO 4437 GILLHAM ROAD			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aortic Stenosis						INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis of the Aorta						10 yrs	
DUE TO (c)							
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 checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Kansas City, Jackson, Mo.	COUNTY	STATE	
21. I attended the deceased from Aug 10, 1959 , to Jan 5, 1960 and last saw her/him alive on Jan 5, 1960 Death occurred at 335 1/2 on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Richard L. Lehner, M.D.				22b. ADDRESS 1103 Grand Kansas City 6 Mo		22c. DATE SIGNED 1/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/8/1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri		
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri			25. DATE RECD. BY LOCAL REG. Jan 8, 1960		26. REGISTRAR'S SIGNATURE New Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Richard L. Lehner

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 Chester K Brown

Licensed Embalmer No. 49

P. O. Address 100

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.