

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 1 1960

=60-001810

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 317

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 3 hrs.		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 14105 EAST 39th STREET		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Ann Middle Marie Last Pennington				4. DATE OF DEATH Month JAN Day 17 Year 1960						
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN 17, 1960	9. AGE (last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HR 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 MISSOURI		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME MIKE PENNINGTON			13b. MOTHER'S MAIDEN NAME RUBY WRIGHT			14. NAME OF HUSBAND OR WIFE NONE				
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 MIKE PENNINGTON 14105 EAST. 39th ST.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atelectasis of Lung Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH 4h		
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 checked="" 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>1/16/60</u> to <u>1/16/60</u> and last saw her <u>live</u> on <u>1/16/60</u> . Death occurred at <u>11/16/60 12 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Elias E. Zirul D.O.					22b. ADDRESS 4640 Taost			22c. DATE SIGNED 1/18/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 19, 1960	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM			23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI				
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS KC. MO.				25. DATE RECD. BY LOCAL REG. 1-19-60		26. REGISTRAR'S SIGNATURE Walter Marshall				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Elias E. Zirul

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 Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Thomas W. Hanson

Licensed Embalmer No. 4889

P.O. Address A. C., Mo.

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.