

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001859

FILED VS FEB 1 1960 149

Primary Registration District No. 1002 Registrar's No.

318

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
Length of stay in 1b 44 Yrs		c. CITY OR TOWN Kansas City		d. STREET ADDRESS (If outside, give location) 4541 Prospect		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First WILLIAM		Middle T		Last ROUTH		Month January Day 18 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 12/7/1903	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Yellow Cab Co		11. BIRTHPLACE (City and state or country) Oklahoma		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME George Routh		13b. MOTHER'S MAIDEN NAME Rosa M Yates		14. NAME OF HUSBAND OR WIFE Hatte Lucille Routh			
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. 495-10-3446		17. INFORMANT Address Mrs Hatte Lucille Routh 4541 Prospect			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary occlusion						6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Arterio sclerosis unknown	
DUE TO (c) unknown							
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 a.m. p.m. None	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO			20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Jan 17, 1960 to Jan 18, 1960 and last saw him alive on Jan 18, 1960 Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. B. Casebolt MD				22b. ADDRESS 7000 Baltimore N. E. Mo		22c. DATE SIGNED 1-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/20/60		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo				25. DATE RECD. BY LOCAL REG. 1-19-60		26. REGISTRAR'S SIGNATURE Irene Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Casebolt

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

Thomas A. Sheet

Licensed Embalmer No. 4954

P. O. Address P. O. No.

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.