

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 15 1960

=60-001911

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 550 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 30 yrs.	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 BLUE RIDGE NURSING HOME		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7517 HOLMES ST.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Calvin Last Standlee			4. DATE OF DEATH Month 1 Day 28 Year 60			
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 AUG 7, 1879	9. AGE (last birthday) 80 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MIN.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BERRYVILLE ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME CHARLES STANDLEE		13b. MOTHER'S MAIDEN NAME JOSEPHINE HANKS		14. NAME OF HUSBAND OR WIFE OPAL STANDLEE		
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 M.B. SMITH 9930 ELMONTE LANE Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) H.C. V.D.					INTERVAL BETWEEN ONSET AND DEATH 480.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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"/> N. <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 9-2-55 to 1-28-60 and last saw him alive on 12-22-59 - Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE A. C. [Signature] (Degree or title)			22b. ADDRESS 6741 Prospect K.C.Mo.		22c. DATE SIGNED 1-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 30, 1960	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM	23d. LOCATION (City, town, or county) KANSAS CITY MO.		(State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C. MO. ADDRESS			25. DATE RECD. BY LOCAL REG. 1-30-60	26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A. C. [Signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W. Larson

Licensed Embalmer No. 4889

P. O. Address D.C. No.

Notes: 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.