

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

**-60-002004**

**FILED VS FEB 4 1960/49**

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

443

STATE FILE NUMBER

BY AFFIDAVIT OF attending physician  
MEDICAL CERTIFICATION  
DOCUMENT

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, Mo</u>		Length of stay in 1b —		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>905 Troast</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>IRIS</u> Middle <u>D</u> Last <u>WRIGHT</u>				4. DATE OF DEATH Month <u>1</u> Day <u>23</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-1-17</u>		9. AGE (last birthday) <u>42</u>		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) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Lexington, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					
13a. FATHER'S NAME <u>Edgar Ellis</u>				13b. MOTHER'S MAIDEN NAME <u>Ethel Wheelock</u>				14. NAME OF HUSBAND OR WIFE <u>Dilbert Wright</u>					
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>Edgar Ellis</u> Address <u>K.C. 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>Rheumatic Heart disease with</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>mitral stenosis and</u> DUE TO (c) <u>Congestive heart failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>(Stillbirth Jan. 15, 1960)</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" 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.) <u>(Stillbirth Jan. 15, 1960)</u>									
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>1-23-60</u> to <u>1-23-60</u> and last saw her/him alive on <u>1-23-60</u> Death occurred at <u>1:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>L. Dwyer</u> (Degree or title)				22b. ADDRESS <u>2400 Cherry Kc, Mo.</u>				22c. DATE SIGNED <u>1-23-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1-23-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Frontier Cemetery</u>				23d. LOCATION (City, town, or county) <u>Frontier</u>		STATE <u>Ks</u>			
24. FUNERAL DIRECTOR <u>E. Paul Amos</u> ADDRESS <u>Shawnee</u>				25. DATE RECD. BY LOCAL REG. <u>1-25-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>							

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by Dale H. Martin, Student Embalmer No. 585

working under my personal supervision.

Student

Dale H. Martin

Signature of Student Embalmer

Signed

E. J. [Signature]

Licensed Embalmer No.

4385

P. O. Address

Shawnee, K

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.