URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-005535

STATE FILE NUMBER

FILED VS MAR 7 1960 72

Registration District No. _____ Primary Registration District No. 3013 Registrar's No. 43

ENDED

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City
Length of stay in 1b: 5 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY CLAY
c. CITY OR TOWN North Kansas City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1230 E. 23rd Ave
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First EVA Middle MAE Last FRACUL

4. DATE OF DEATH: Month Feb Day 21 Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-14-1895

9. AGE (last birthday): 64

IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Thomas A Darling

13b. MOTHER'S MAIDEN NAME: Angeline Anderson

14. NAME OF HUSBAND OR WIFE: Nicholas Fracul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Nicholas Fracul
Address

MEDICAL CERTIFICATION

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)	Acute Coronary Occlusion - Myocardial infarction	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Artery Arteriosclerosis	4-5 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Obesity

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 2-20-60, to 2-21-60 and last saw her/him alive on 2-21-60

Death occurred at 6:PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James E McFarland (Degree or title) MD

22b. ADDRESS 4030 Oak KCMo

22c. DATE SIGNED 2-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-23-60

23c. NAME OF CEMETERY OR CREMATORY: White Chapel

23d. LOCATION (City, town, or county) (State): Clay Co, Mo

24. FUNERAL DIRECTOR: D.W. Newcomer Sons N.KC.
ADDRESS

25. DATE RECD. BY LOCAL REG.: 2-23-60

26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. McCormick

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_____ Signed Glenn H. Hill

Signature of Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K.C. 18, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.