URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 18 1960

-60-005541

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 33

AMENDED

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: 4 da
c. PULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. K.C. Memorial Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 107 Gladstone Blvd.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ALBERT Middle: L. Last: REDDEN

4. DATE OF DEATH Month: Feb. Day: 9 Year: 1960

5. SEX: male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/5/95
9. AGE (last birthday): 64
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): Guard
10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel
11. BIRTHPLACE (City and state or country): Platte County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James L. Redden
13b. MOTHER'S MAIDEN NAME: Charity Proffitt
14. NAME OF HUSBAND OR WIFE: Marguerite Maupin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W W 1
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. A. Cockriel Address: 2801 Gentry North Kansas City

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 MYOCARDIAL INFARCTION	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CORONARY THROMBOSIS	4 days
DUE TO (c)	ARTERIO-SCLEROSIS	1 yr

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

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 decessed from 2-5-60, to 2-9-60 and last saw him alive on 2-9-60
Death occurred at 7:15 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Daniel C Boone (Degree or title) MD
22b. ADDRESS 2025 Scarff - NKC 16, Mo
22c. DATE SIGNED 2-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/11/60
23c. NAME OF CEMETERY OR CREMATORY: Dearborn Cem.
23d. LOCATION (City, town, or county) (State): Dearborn Missouri

24. FUNERAL DIRECTOR: Vaughn & Aufrenc ADDRESS: Dearborn, Mo.
25. DATE RECD. BY LOCAL REG.: 2-12-60
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

FEB 28 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. R. Vaugh

Licensed Embalmer No. 4023

P. O. Address Weston, Te

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.