

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006181

FILED MAR 7 1960

149

Primary Registration District No. 1002

Registrar's No.

1094

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 40 YRS		c. CITY OR TOWN KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1811 West 41st St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last JANETTE J. BURTON				4. DATE OF DEATH Month Day Year Feb 22 - 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JAN 22 1884		9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Chrisney INDIANA		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Wade H. Jones				13b. MOTHER'S MAIDEN NAME Cordelia Beasley				14. NAME OF HUSBAND OR WIFE William J. Burton					
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 Mr Robert L. Lane Jr. 3500 Wyoming, Kansas City Mo							
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 Thrombosis										2 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Essential Hypertension										4 years			
DUE TO (c) Arteriosclerosis										4 years			
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 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 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 Jan 1st - 1956 to 2-22-1960 and last saw her alive on 2-22-1960 Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE M F Sewell						22b. ADDRESS 1722 W 37			22c. DATE SIGNED 2-22-60				
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE Feb 24 - 1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem		23d. LOCATION (City, town, or county) (State) Kansas City Missouri							
24. FUNERAL DIRECTOR Gates Funeral Home 1901 Olive Blvd, Kansas City 3 Mo				25. DATE RECD. BY LOCAL REG. 2-24-60		26. REGISTRAR'S SIGNATURE Neva Minshall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
F. Sewell

Dr. M. F. Sewell
1722 W. 39th
UAI: 5883

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 Paul R. Williams

Licensed Embalmer No. 5009

P. O. Address Overland Park
Kansas

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.