

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006234

FILED VS. MAR 11 1960/49

Primary Registration District No. 1002

Registrar's No. 1147

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 15 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 3421 Locust			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3421 Locust		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First BURT Middle ALPIN Last DEW				4. DATE OF DEATH Month Feb. Day 25, Year 1960									
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 1-20-1885		9. AGE (last birthday) 75		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) Retired - Winston Publishing Co.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Beaman, Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME William Dew				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Grace B. Dew					
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. 184-10-8130		17. INFORMANT Mrs. Grace B. Dew Address K. C. Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd + 3rd degree burns DUE TO (b) About 90% of body Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
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 checked="" 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.) Clothes caught fire									
20c. TIME OF INJURY Hour 2:15 Month 10 Day 10 Year 60 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Residence		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson		STATE MO			
21. I attended the deceased from _____ to _____ and last saw him/her live on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Hugh H. Owens						22b. ADDRESS 1034 Pratts Bldg				22c. DATE SIGNED 2-26-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation			23b. DATE 2-27-60		23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory			23d. LOCATION (City, town, or county) (State) Kansas City, Mo.					
24. FUNERAL DIRECTOR Freeman Mortuary				ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-60		26. REGISTRAR'S SIGNATURE Irene Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Hugh H. Owens

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 _____
Signature of Student Embalmer

Signed J. H. Freeman

Licensed Embalmer No. 293

P. O. Address F. O. W.

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.