

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006257

FILED 1960 149 Primary Registration District No. 1002 Registrar's No. 719 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>19 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7141 Pennsylvania</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7141 Pennsylvania</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Laura</b> Middle <b>A.</b> Last <b>Elliott</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>7</b> Year <b>1960</b>			
--	--	--	---	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 7, 1875</b>	9. AGE (last birthday) <b>84</b>	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) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri</b>	11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
---	--	---	--

13a. FATHER'S NAME <b>Simon Henry</b>	13b. MOTHER'S MAIDEN NAME <b>Nancy Guinn</b>	14. NAME OF HUSBAND OR WIFE <b>James T. Elliott</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Eula V. Elliott, Kansas City, Mo.</b>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sweden</b>
DUE TO (b) <b>Coronary Arteriosclerosis</b>		
DUE TO (c) <b>Generalized Arteriosclerosis.</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (Specify and give year) <b>Acute Myocardial Infarction. Acute cellular Fibrillation (Chronic) Embolism to right leg 31-60</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
--	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>1945</b> to <b>February 7, 1960</b> and last saw her <b>Feb 5, 1960</b> alive on <b>Feb 5, 1960</b> Death occurred at <b>5:40 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <b>Carroll Ferris MD.</b> (Degree or title)	22b. ADDRESS <b>535 Argyle Bldg Kansas City, Mo.</b>	22c. DATE SIGNED <b>2-8-60</b>
---	---	-----------------------------------

23a. BURIAL CREATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-9-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Drexel, Missouri</b>
--	----------------------------	--	--

24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>2-8-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minchell</b>
--	---	---

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Carroll Ferris

**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 William M. Turner

Licensed Embalmer No. 464

P. O. Kansas City, Mo.

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.