

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006266

FILED VS MAR 7 1960

Registration District No. 149 Primary Registration District No. 1000 Registrar's No. 1096 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	Length of stay in lb <u>50 yrs</u>	c. CITY OR TOWN <u>Kansas City Mo</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>		d. STREET ADDRESS (If outside, give location) <u>4523 1/2 Washington</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Mrs Anna Feldman</u>	4. DATE OF DEATH <u>2-22-1960</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-23-1869</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and state or country) <u>Cole Camp Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Severt Luetjen</u>	13b. MOTHER'S MAIDEN NAME <u>Meta Bretzler</u>	14. NAME OF HUSBAND OR WIFE <u>Herman S. Feldman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Eldon F. Feldman 306 E 794th St KC Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>	INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
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DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ s.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
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21. I attended the deceased from 12 Dec. 59 to 22 Feb. 60 and last saw her alive on 22 Feb 60
 Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ralph W. Gregory M.D.</u>	22b. ADDRESS <u>4620 J.C. Nichols Pkwy KC Mo</u>	22c. DATE SIGNED <u>2/24/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-25-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Missouri Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Cole Camp Missouri</u>
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24. FUNERAL DIRECTOR <u>France-Wornell Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>2-24-60</u>	26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>
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DOCUMENT

BY AFFIDAVIT OF RALPH W. GREGORY, M.D. MEDICAL CERTIFICATION

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 James Anderson, Student Embalmer No. 591
working under my personal supervision.

Student James C Anderson
Signature of Student Embalmer

Signed Russell M France

Licensed Embalmer No. 4255

P. O. Address KC 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.