

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-006312

FILED VS FEB 23 1960

149

Primary Registration District No. 1002

Registrar's No.

724

STATE FILE NUMBER

INDEXED

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 36 yrs.	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6140 HOLMES		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6140 HOLMES Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MILDRED L Middle HANNA Last	4. DATE OF DEATH Month FEB 5, Day 1960 Year
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5. SEX FEMALE	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 DEC 16, 1895	9. AGE (last birthday) 64 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVESTIGATOR CREDIT DEPT	10b. KIND OF BUSINESS OR INDUSTRY DAVIDSON	11. BIRTHPLACE (City and state or country) ST. JOSEPH MO.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FRED LECHLER	13b. MOTHER'S MAIDEN NAME KATHERINE STEPHANS	14. NAME OF HUSBAND OR WIFE PAUL HANNA
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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) NO	16. SOCIAL SECURITY NO. 486034327	17. INFORMANT Address PAUL HANNA 6140 HOLMES
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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) <i>Acute Coronary</i> DUE TO (b) <i>Cor. Arteriosclerosis</i> DUE TO (c) <i>Ch. Myocardium</i>		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 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 9 a.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 June 1950 to Feb 5-60 and last saw her alive on Feb 4-1960 Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Jack B. Bram</i> (Degree or title)	22b. ADDRESS 751 E 63	22c. DATE SIGNED 2-5-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB 8, 1960	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM	23d. LOCATION (City, town, or county) (State) ST JOSEPH MO.
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24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K.C. MO.	25. DATE RECD. BY LOCAL REG. 2-8-60	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JACK B. BRAM

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 Chester K. Brown

Licensed Embalmer No. 493

P. O. Address KC V.

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.