URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006611

FILED VS FEB 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 784

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in 1b: 6 wks.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Liberty
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.R. #3
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: CHRISTINE Middle: Last: STONE
4. DATE OF DEATH: Month: February Day: 3 Year: 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-24-1899
9. AGE (last birthday): 60
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): Home maker
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Clay County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Stone
13b. MOTHER'S MAIDEN NAME: Florence Portwood
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Willie Michelson Address: R#3 Liberty, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular Fibrillation — 2 wks.
DUE TO (c): Acute Myocarditis — 2 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Severe Chronic Tenosynovitis of Left Index Finger
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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: Feb. 3, 1960
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-7-59, to 2-3-60 and last saw her/him alive on 2-2-60.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: William A. Leo (Degree or title): MD
22b. ADDRESS: 1612 Professional Bldg K.C. Mo.
22c. DATE SIGNED: 2/8/60

BY AFFIDAVIT OF William A. Leo

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-5-60
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Liberty Missouri
24. FUNERAL DIRECTOR: Church-Archer Co ADDRESS: Liberty, Mo.
25. DATE RECD. BY LOCAL REG.: 2-9-60
26. REGISTRAR'S SIGNATURE: Nina Minchall

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold G. Smith

Signature of Student Embalmer

Licensed Embalmer No. 4575

P. O. Address Liberty, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.