

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006661

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STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 1166

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 1/2 Years	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters of the Poor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5326 Yecker		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lucy Walker			4. DATE OF DEATH Month Day Year February 26, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/7/1875	9. AGE (last birthday) 84	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) Homework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) England	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Will Kirkham		13b. MOTHER'S MAIDEN NAME Lillie Field		14. NAME OF HUSBAND OR WIFE Harry Walker		
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. no	17. INFORMANT Address Mr Al Smith 5326 Yecker K.C.K			
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 Embolism</u> DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>3 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiovascular insufficiency</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) 3/19/58		20f. CITY, TOWN, OR LOCATION 2/26/60		20g. COUNTY STATE 2/25/60		
21. I attended the deceased from 3/19/58 to 2/26/60 and last saw her live live on 2/25/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Joseph A. Fogarty</u> DO			22b. ADDRESS Wirthman Bldg. K.C. Mo.		22c. DATE SIGNED 2/26/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2/29/60	23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
24. FUNERAL DIRECTOR ADDRESS JOS. A. BUTLER'S SONS K.C.K		25. DATE RECD. BY LOCAL REG. 2-26-60	26. REGISTRAR'S SIGNATURE <u>Neve Minshel</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Joseph A. Fogarty

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 Russell W. Dennis

Licensed Embalmer No. 3462

P. O. Address KCK

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