

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010293

FILED VS APR 12 1960

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 65

INDEXED

1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CLAY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		Length of stay in 1b 4 DAYS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5243 N. FLORA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Helen Middle FRANCES Last McCoskrey				4. DATE OF DEATH Month MAR Day 31 Year 1960					
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 1-27-1905		9. AGE (last birthday) 55 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY AITONA PA		11. BIRTHPLACE (City and state or country) AITONA PA		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME William A. Wilson			13b. MOTHER'S MAIDEN NAME Rebecca Wible			14. NAME OF HUSBAND OR WIFE Fred L. McCoskrey			
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.		17. INFORMANT Fred L. McCoskrey 5243 N. FLORA			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation of small bowel DUE TO (b) Internal hernia DUE TO (c) P.O. Adhesions (cholecystectomy) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) with Sympatricus in tertiary colitis & shock							INTERVAL BETWEEN ONSET AND DEATH 3		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Oct 1956 to 3-31-60 and last saw her alive on 3-31-60 Death occurred at 8:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Robert V. Phelps M.D.				22b. ADDRESS North Kansas City, Mo			22c. DATE SIGNED 4-1-60		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE 4/2/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem		23d. LOCATION (City, town, or county) (State) Kansas City Mo.				
24. FUNERAL DIRECTOR D. W. Newcomer's Sons INC.			25. DATE RECD. BY LOCAL REG. 4-2-60		26. REGISTRAR'S SIGNATURE Marquitta Hudgens				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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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

John V. Henrich Sr.

Licensed Embalmer No. *4848*

P. O. Address *K.B. 17*

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.