

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010793

FILED VS. MAR. 28 1960

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 1547

STATE FILE NUMBER

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 12 yrs.	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 4800 E. 24th. St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1547 Poplar			
3. NAME OF DECEASED (Type or print) First Middle Last George B. Bell			4. DATE OF DEATH Month Day Year Mar. 14, 1960				
5. SEX male	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 3/28/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Mammoth Springs, Ark.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME James R. Bell		13b. MOTHER'S MAIDEN NAME Pacific Evans		14. NAME OF HUSBAND OR WIFE Ella Jane Bell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. LAST SECURITY NO. 488-26-0604	17. INFORMANT Harold Bell		Address 1547 Poplar		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Acute coronary thrombosis					Minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Coronary arterialsclerosis, severe & coronary insufficiency		
					DUE TO (c)		
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 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 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 10-12-59 to 3-14-60 and last saw her/him alive on 3-14-60 . Death occurred 3:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i>			(Degree or title) MD		22b. ADDRESS 4800 E. 24th St.		
22c. DATE SIGNED 3-14-60							
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3/15/60	23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetary		23d. LOCATION (City, town, or county) Thayer, Missouri		(State)	
24. FUNERAL DIRECTOR Earp & Sons		ADDRESS Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 3-16-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Long

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William H. Corp

Licensed Embalmer No. 4728

P. O. Address K.C. 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.