

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010882

FILED VS MAR 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1273 STATE FILE NUMBER

| | | | | | | | |
|---|---|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | Length of stay in 1b <u>60 yrs.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) <u>St. Luke Hospital</u> | | | | d. STREET ADDRESS (If outside, give location) <u>1316 Monroe</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>Earl</u> Last <u>DANGERFIELD</u> | | | | 4. DATE OF DEATH Month <u>March</u> - Day <u>1</u> - Year <u>1960</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>10-31-1883</u> | 9. AGE (last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> | IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Executive</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | | 11. BIRTHPLACE (City and state or country) <u>Alexton, Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Daniel Dangerfield</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lue Wysock</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Vera Dangerfield</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>National Guard</u> | | | 16. SOCIAL SECURITY NO. <u>495-24-8650</u> | | 17. INFORMANT <u>Ms. Vera Dangerfield</u> Address <u>K.C. Mo.</u> | | |
| 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) | | <u>Cerebral Artery thrombosis 12 hrs</u> | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | <u>Generalized Arteriosclerosis 2-3 yrs</u> | | | |
| | | DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic Heart Disease</u> | | | | | | 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 checked="" 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.) | | | |
| 20c. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u> | Month <u>-</u> Day <u>-</u> Year <u>-</u> | | | | | | |
| 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 <u>4/5/57</u> to <u>3/1/60</u> and last saw her/him alive on <u>3/1/60</u> Death occurred at <u>7:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Robert W. Hamill MD</u> (Degree or title) | | | 22b. ADDRESS <u>Kansas City Mo</u> | | | 22c. DATE SIGNED <u>3/2/60</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3-5-1960</u> | 23c. NAME OF CEMETERY OR CREMATORIUM <u>Memorial Park Cem</u> | | 23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u> | | (State) | |
| 24. FUNERAL DIRECTOR <u>C. J. Blackman & Son Inc. K.C. Mo.</u> | | | 25. DATE RECD. BY LOCAL REG. <u>3-3-60</u> | 26. REGISTRAR'S SIGNATURE <u>Neva Trinchell</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Robert W. Hamill

STATEMENT BY LICENSED EMBALMER

0961 68

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 Bert B. Benn

Licensed Embalmer No. 4656

P. O. Address A. C., Va

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.