URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-011002

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1710

ENDED

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: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL
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 EXCELSIOR SPRINGS
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 725 OLD ORCHARD
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle HAROLD Last HIRRLINGER

4. DATE OF DEATH: Month March Day 22 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-8-04
9. AGE (last birthday): 55
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): Auto Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Clarence, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Hirrlinger
13b. MOTHER'S MAIDEN NAME: Emma McCarty
14. NAME OF HUSBAND OR WIFE: Margaret Hirrlinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 494 03 6057
17. INFORMANT: VA Hospital Official Rcds, K.C. Mo. Margaret Hirrlinger, 725 Old Orchard, Excelsior Springs, Missouri

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) Acute coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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

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 March 18, 1960, to March 22, 1960 ~~xxxxxxxxxxx~~ and last saw him alive on
Death occurred at 12:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. B. WILLIAMSON, Jr., M.D.
22b. ADDRESS Va Hospital, Kansas City, Mo.
22c. DATE SIGNED 3-23-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE 3/23/60
23c. NAME OF CEMETERY OR CREMATORY: Golden Gate Natl Cemetery
23d. LOCATION (City, town, or county) (State): San Bruno, California

24. FUNERAL DIRECTOR: Virgil Hope, Excelsior Springs Mo
ADDRESS
25. DATE RECD. BY LOCAL REG.: 3-23-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 14 1961

MAY 10 1960

STATEMENT BY LICENSED EMBALMER

APR 4 1960

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 Chas. Virgil Hoge

Licensed Embalmer No. 3950

P. O. Address Excelsior S

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