

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011017

FILED VS APR 4 1960

149      Primary Registration District No. 1002      Registrar's No. 1711      STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in lb <b>40 yrs.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>2525 Lawn Avenue</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <b>Frank</b> Middle <b>V.</b> Last <b>Husbenet</b>			<b>4. DATE OF DEATH</b> Month <b>March</b> Day <b>20</b> Year <b>1960</b>				
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 4/5/1903	<b>9. AGE</b> (last birthday) <b>56 yrs.</b>	IF UNDER 1 YEAR Months    Days	IF UNDER 24 HR Hours    Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Crane Operator		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Sheffield Steel		<b>11. BIRTHPLACE</b> (City and state or country) HELENA, MONTANA		<b>12. CITIZEN OF WHAT COUNTRY</b> USA	
<b>13a. FATHER'S NAME</b> JOHN HUSBENET			<b>13b. MOTHER'S MAIDEN NAME</b> MARY UNKNOWN		<b>14. NAME OF HUSBAND OR WIFE</b> Letha Husbenet		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) No			<b>16. SOCIAL SECURITY NO.</b> 487-05-5223		<b>17. INFORMANT</b> Mrs. Letha Husbenet 2525 Lawn St.		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 Days
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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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.    Month, Day, Year _____		<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
<b>20f. CITY, TOWN, OR LOCATION</b> _____		<b>COUNTY</b> _____		<b>STATE</b> _____		

**21. I attended the deceased from** July 2, 1956 to 3-20-60 and last saw him alive on 2-1-60  
 Death occurred at About 4:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <i>Ralph Perry M.D.</i>		<b>22b. ADDRESS</b> 4800 E. 24, Kansas City, Mo.		<b>22c. DATE SIGNED</b> 3-21-60	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) BURIAL		<b>23b. DATE</b> MARCH 23, 1960		<b>23c. NAME OF CEMETERY OR CREMATORY</b> WOODLAWN CEM	
<b>23d. LOCATION</b> (City, town, or county) (State) INDEPENDENCE. MO.		<b>24. FUNERAL DIRECTOR</b> ADDRESS D.W. Newcomers Sons 1331 Brush Creek Blvd.		<b>25. DATE RECD. BY LOCAL REG.</b> <u>3-23-60</u>	
<b>26. REGISTRAR'S SIGNATURE</b> <i>Neva Minishell</i>					

Kansas City Missouri (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 Albert H. Sava

Licensed Embalmer No. 21812

P. O. Address Kansas C

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.