

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011085

FILED VS MAR 28 1960

149

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

1469

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in 1b 3 1/2 yrs	c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WHEATLEY HOSPT.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1715 E. 26th St.
3. NAME OF DECEASED (Type or print) First Middle Last CLIFFORD ARNETT MCADAMS		4. DATE OF DEATH Month Day Year March 7, 1960	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-30-1889
9. AGE (last birthday) 70 yrs.	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) Post Office		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ft. Scott, Kans.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Isaac McAdams	13b. MOTHER'S MAIDEN NAME Alice Woodley
14. NAME OF HUSBAND OR WIFE Eula McAdams		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1909-1912	16. SOCIAL SECURITY NO. 493-34-5719
17. INFORMANT Eula McAdams		Address 1715 E. 26th St.	
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) Massive Pulmonary Embolism			Few days
DUE TO (b) Transurethral Prostatectomy			
DUE TO (c) Benign Prostatic Hypotrophy			
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 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 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 February, 1960 to March 7, 1960 and last saw her alive on March 7, 1960. Death occurred at 11:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Kraft, M.D. (Degree or title)		22b. ADDRESS 2204 East 13th Street, Kansas City 27, Missouri	22c. DATE SIGNED 3/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-11-60	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) Kans. City, Missouri (State)
24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. FUNERAL HOME 18th & Benton		25. DATE RECD. BY LOCAL REG. 3-11-60	26. REGISTRAR'S SIGNATURE new Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF GEO. TAIT

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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 Bruce P. Watkins

Licensed Embalmer No. 4500

P. O. Address 17th & Penn

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.