

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011125

FILED VS APR 4 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1587 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 6 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 ST. MARY'S HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7931 CHARLOTTE			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JESSIE Middle MINNICK Last				4. DATE OF DEATH Month MARCH Day 16 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9 20 11	9. AGE (last birthday) 48 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY MO	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ADRIAN W LUYHEN			13b. MOTHER'S MAIDEN NAME CORA LOWREY		14. NAME OF HUSBAND OR WIFE OCTAVIUS MINNICK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NO	17. INFORMANT Address OCTAVIUS MINNICK 7931 CHARLOTTE			
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) aspiration P. pneumonia.						4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatosis					2 1/2 yrs	
	DUE TO (c) undifferentiated ovarian carcinoma					2 1/2-3 yrs	
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 a.m. 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 7/2/57 to 3/16/60 and last saw <u>her</u> alive on 3/16/60 Death occurred at 12:40 am on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) R. A. Slickman M.D.				22b. ADDRESS 2500 Johnson Drive			22c. DATE SIGNED 3/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)		
BURIAL		MARCH 18, 1960	MT. MORIAH CEM		KANSAS CITY MO.		
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS K. C. MO.				25. DATE RECD. BY LOCAL REG. 3-17-60	26. REGISTRAR'S SIGNATURE Neva Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

R. A. Slickman

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

Roger F. Fuller

Licensed Embalmer No. 4818

P. O. Address CC Mo.

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.