

**DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS MAR 28 1980**

**60-011168**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1565

MEMORANDUM

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>	a. STATE <b>MISSOURI</b>	b. COUNTY <b>JACKSON</b>
Length of stay in 1b <b>3 DAYS</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKES HOSP</b>		d. STREET ADDRESS <b>4622 CAMPBELL</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>3. NAME OF DECEASED</b> (Type or print)	First <b>KENNETH MICHAEL</b>	Middle <b>PETREE</b>	Last <b>KENNETH MICHAEL PETREE</b>	<b>4. DATE OF DEATH</b>	Month <b>3</b>	Day <b>15</b>	Year <b>60</b>
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<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>MARCH 12, 1960</b>	<b>9. AGE (last birthday)</b> <b>3-DAYS</b>	<b>IF UNDER 1 YEAR</b> Months <b>3</b> Days <b>3</b>	<b>IF UNDER 24 HR</b> Hours <b>3</b> Min.
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>NONE</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>NONE</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>KANSAS CITY MO</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>PATRICK PETREE</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>BARBARA BOWLER</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	<b>16. SOCIAL SECURITY NO.</b> <b>NO</b>	<b>17. INFORMANT</b> <b>PATRICK PETREE 4622 CAMPBELL</b>	Address
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a)	<i>Conscious with respiratory failure &amp; flus</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Respiratory Insufficiency</i>	<i>From Butte</i>
	DUE TO (c) <i>Premature Butte - BW 3<sup>rd</sup> 10g</i>	<i>From Butte</i>
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.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	Month, Day, Year
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <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>	COUNTY	STATE
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**21. I attended the deceased from** 3-12-60 **to** 3-14-60 **and last saw** her **live on** 3-14-60  
**Death occurred at** 5:45 **p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> <i>W. Smull</i>	(Degree or title) <b>MR</b>	<b>22b. ADDRESS</b> <i>7501 Missouri Road P.O. Hq.</i>	<b>22c. DATE SIGNED</b> <b>3-16-60</b>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>	<b>23b. DATE</b> <b>MARCH 16 1980</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>FOREST HILL CEM</b>	<b>23d. LOCATION</b> (City, town, or county) <b>KANSAS CITY MO.</b>	(State)
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<b>24. FUNERAL DIRECTOR</b> <b>D. W. NEWCOMER'S SONS KC. MO.</b>	ADDRESS	<b>25. DATE RECD. BY LOCAL REG.</b> <b>3-16-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Neva Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Smull

**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 KC Mo

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