

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011189

STATE FILE NUMBER

FILED VS. MAR 28 1960 149

Registration District No. Primary Registration District No. 1002 Registrar's No. 1546

ENDED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
Length of stay in 1b <i>70 yrs.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>5331 Highland</i>	
3. NAME OF DECEASED (Type or print) First <i>Jessette</i> Middle <i>Raphael</i>		4. DATE OF DEATH Month <i>3</i> Day <i>13</i> Year <i>60</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>MAY 15, 1874</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <i>85 yrs.</i>
11. BIRTHPLACE (City and state or country) <i>MANHATTAN KANSAS</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>STEPHEN A RAPHEL</i>		13b. MOTHER'S MAIDEN NAME <i>LOUISE A WHITE</i>	
14. NAME OF HUSBAND OR WIFE <i>NONE</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>	
16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT Address <i>ANN RAPHEL 3319 GILHAM ROAD</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input 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.		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 <i>3-7-60</i> to <i>3-13-60</i> and last saw her him alive on <i>3-13-60</i> Death occurred at _____ m; on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. Krueger MD</i>		22b. ADDRESS <i>2400 Cherry</i>	
22c. DATE SIGNED <i>3-14-60</i>		23. NAME OF CEMETERY OR CREMATORY <i>CALVARY CEM</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MO</i>	
23b. DATE <i>MARCH 16, 1960</i>		24. FUNERAL DIRECTOR ADDRESS <i>D. W. NEWCOMER'S SONS K.C. MO.</i>	
25. DATE RECD. BY LOCAL REG. <i>3-15-60</i>		26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. J. DWYER

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. Savag

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.