

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011339

FILED VS APR 5 1960 146

3026 Registrar's No. 178

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 INDEPENDENCE		Length of stay in lb 12 YRS		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SANITARIUM			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) I429 SO. OSAGE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last FRANK WILLIAM BLACK				4. DATE OF DEATH Month Day Year MARCH 25 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-25-1882	9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Retired) RY STATION AGENT			10b. KIND OF BUSINESS OR INDUSTRY BURLINGTON R. R.		11. BIRTHPLACE (City and state or country) THOMASBORO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY * U.S.A.		
13a. FATHER'S NAME WILLIAM BLACK			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE MAYME BLACK				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. none		17. INFORMANT MAYME BLACK I429 SO. OSAGE				
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>Atherosclerotic Cardiovascular Disease with Angina Pectoris and Pulmonary Edema</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>Coronary Thrombosis</i> DUE TO (b) <i>1 week</i> DUE TO (c) <i>2 days</i>							INTERVAL BETWEEN ONSET AND DEATH		
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 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 <i>3/21/60</i> to <i>3/25/60</i> and last saw <i>him</i> alive on <i>3/25/60</i> Death occurred at <i>3:10 p.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Quasi Grabake, M.D.</i>				22b. ADDRESS <i>Independence, Mo.</i>			22c. DATE SIGNED <i>3/26/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>Mar. 28-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mound Grove</i>		23d. LOCATION (City, town, or county) (State) <i>Independence Missouri</i>					
24. FUNERAL DIRECTOR ADDRESS ROLAND R. SPEAKS INDEPENDENCE MO.			25. DATE RECD. BY LOCAL REG. <i>3-28-60</i>		26. REGISTRAR'S SIGNATURE <i>James S. Gray</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 25 1960

**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 Rollie Fessel

Licensed Embalmer No. 4690

P. O. Address Endicott

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.