RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1 1960

60-011399
STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 4239 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lee's Summit
Length of stay in 1b: 7 Mon.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 608 Jefferson St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Wyandotte ~~Jackson~~
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 37 North 7th.St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma Middle: ------- Last: Herrod
4. DATE OF DEATH: Month March Day 23 Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 10, 1876
9. AGE (last birthday): 83
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Indiana
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Clare Herrod (Dec.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.: 357-14-2444
17. INFORMANT: Jessie Breitenstein, Address: Kansas City, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Medullary Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 1 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage — 5 yrs
DUE TO (c): ___
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

BY AFFIDAVIT OF

21. I attended the deceased from 1-15-1960, to 3-10-1960 and last saw her alive on 3-10-1960
Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): William G. Rhody D.O.
22b. ADDRESS: 320 S. Douglas, Lee's Summit, Mo.
22c. DATE SIGNED: 3-23-1960
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Mar. 23, 1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Muncie Cem.
23d. LOCATION (City, town, or county): Leavenworth, Kan.
24. FUNERAL DIRECTOR ADDRESS: F. A. Reising, Kansas City, Kan.
25. DATE RECD. BY LOCAL REG.: 3-23-1960
26. REGISTRAR'S SIGNATURE: N. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 George A. Reisin

Licensed Embalmer No. 44689

P. O. Address K. C. Kan

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