

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011411

FILED VS MAR 22 1960

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 148

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Raytown		a. STATE Missouri		COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Raytown		Length of stay in 1b 3 yrs.		c. CITY OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10100 East 68th St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10100 East 68th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
First JAMES		Middle LOREN		Last HOLME		Month Day Year March 9, 1960			
5. SEX Male		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 6-5-1893			
9. AGE (last birthday) 66		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.) Manufacturers Repr.			10b. KIND OF BUSINESS OR INDUSTRY Chemical		11. BIRTHPLACE (City and state or country) Savannah, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Thomas L. Holme			13b. MOTHER'S MAIDEN NAME Cordelia Cole			14. NAME OF HUSBAND OR WIFE Gertrude L. Holme			
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. 486-10-5425		17. INFORMANT Address Mrs. Gertrude L. Holme 10100 E. 68th				
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) uremia							1 week		
DUE TO (b) Carcinoma of Bladder							6 months		
DUE TO (c)									
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 checked="" 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 Oct 1959 to March 9, 1960 and last saw ^{her} him alive on March 9, 1960 Death occurred at 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Belleruige M.D.				22b. ADDRESS 701 East 63rd Street				22c. DATE SIGNED 3-10-60	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE March 12, 1960		23c. NAME OF CEMETERY OR CREMATORY Savannah, Missouri			23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 3-12-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Mr. Jacob Zeller
701 East 63rd St
HI 4-6200

5801 Lockton Ave

MAR 22 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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address K. C. M.

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.