

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015212

FILED VS APR 25 1960

149

Registration District No. 1002 Primary Registration District No. 1002

Registrar's No. 1852

STATE FILE NUMBER

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION Miller

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) OR TOWN Kansas City		a. STATE Missouri b. COUNTY Jackson		c. CITY OR TOWN Kansas City	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3043 E. 31st Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Earnest Middle Clark Last Clark				4. DATE OF DEATH Month Mar. Day 29 Year 1960			
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/4/1920	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months 3 Days 29		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Allen Clark			13b. MOTHER'S MAIDEN NAME Anna Sexton		14. NAME OF HUSBAND OR WIFE Hettie Mae Clark, dec.		
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. unk.		17. INFORMANT Address Mrs. Anna Clark, 3043 E. 31st St.		
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) Lobar Pneumonia						3-2-1-60	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) La grippe						3-29-60	
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 9 a.m. 00 p.m.	Month, Day, Year March 21, 60		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 March 29, 60
20g. COUNTY Jackson			20h. STATE Mo.				
21. I attended the deceased from 3-29-60 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 3-29-60 9:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE L.V. Miller M.D. (Degree or title)				22b. ADDRESS 1211 Paseo		22c. DATE SIGNED 3-31-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-1-60		23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Jackson, Mo.	
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo.			25. DATE RECD. BY LOCAL REG. 3-31-60		26. REGISTRAR'S SIGNATURE Gene Minshull		

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address _____

Kansas City, 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.