

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015360

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2328 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> Length of stay in 1b <u>40 Years</u> c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3660 SUMMIT</u> <u>ROANOKE NURSING HOME</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>3660 Summit</u> (If outside, give location) <u>222 SOUTH GLENWOOD</u> <u>94a.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>E</u> Last <u>HANLEY</u> 4. DATE OF DEATH Month <u>25</u> Day <u>24</u> Year <u>1960</u>				5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>Feb. 13, 1889</u> 9. AGE (last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u> 11. BIRTHPLACE (City and state or country) <u>Minneapolis, Minn.</u> 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>				13a. FATHER'S NAME <u>Walter Turner</u> 13b. MOTHER'S MAIDEN NAME <u>Marguerite Jordan</u> 14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> 16. SOCIAL SECURITY NO. <u>None</u> 17. INFORMANT <u>Mrs. Kenneth Haysler</u> Address <u>10550 Warnall Road, Kansas City, Missouri</u>				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Artery Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>July 56</u> 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 <u>0</u> a.m. <u>0</u> p.m. Month, Day, Year <u>July 1956</u>			
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.) <u>July 1956</u> 20f. CITY, TOWN, OR LOCATION <u>Apr 25, 1960</u> COUNTY <u>94a.</u> STATE <u>Mar 28, 1960</u>				21. I attended the deceased from <u>July 1956</u> to <u>Apr 25, 1960</u> and last saw her alive on <u>Mar 28, 1960</u> Death occurred at <u>9:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dedee or title) <u>Robert W. Hamill M.D.</u> 22b. ADDRESS <u>Kansas City Mo</u> 22c. DATE SIGNED <u>4/25/60</u>				23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>April 26, 1960</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u> 23d. LOCATION (City, town, or county) <u>Kansas City, Missouri.</u> (State)			
24. FUNERAL DIRECTOR <u>D. W. Newcomer's Sons</u> ADDRESS <u>1331 Brush Creek K. C. Missouri.</u> 25. DATE RECD. BY LOCAL REG. <u>4-26-60</u> 26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Robert W. Hamill - MEDICAL CERTIFICATION

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

Roger T. Fuller

Licensed Embalmer No. 4818

P. O. Address R C 7th

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.