

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015424

FILED VS MAY 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2232 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in lb 40 yrs.	c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Walnuts, Apr. 3F		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5049 Wornall Rd.

3. NAME OF DECEASED (Type or print) First Sue Middle James Last James	4. DATE OF DEATH Month April Day 20 Year 1960
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5. SEX Female	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 Jan. 1, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 4 Days 20	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Humbolt, Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Benjamin Franklin Burd	13b. MOTHER'S MAIDEN NAME Harriet Amelia Miskinmis	14. NAME OF HUSBAND OR WIFE W. Heberd James
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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. None	17. INFORMANT W. Heberd James, Kansas City, Mo.	Address
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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 and Acute Cox Pulmonale		4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pulmonary Fibrosis and Emphysema	years
	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
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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.)
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20c. TIME OF INJURY Hour 12:30 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 Kansas City	COUNTY Missouri	STATE
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21. I attended the deceased from Dec. 28, 1954 to April 20, 1960 last saw her alive on April 20, 1960 Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Flourence E. Mac Innis</i> (Degree or title)	22b. ADDRESS 4620 Nichols Blvd, Kansas City, Mo.	22c. DATE SIGNED 4/21/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 4-22-60	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-21-60	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>
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BY AFFIDAVIT OF Florence E. Mac Innis, M.D. 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 William M. Tu

Licensed Embalmer No. 264
P. O. Address K. C. T.

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.