

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015607

FILED VS MAY 5 1960

149

Registration District No. 1002

Registrar's No.

2073

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 13 DAYS		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 VA HOSPITAL, K.C., MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 617 South Mill		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CHARLES Middle DAVID Last ROSS				4. DATE OF DEATH Month APRIL Day 9 Year 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 5-3-80	9. AGE (last birthday) 79	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) Painter			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WAUKEGAN, ILL		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME DAVID ROSS			13b. MOTHER'S MAIDEN NAME MARCELLA REYNOLDS			14. NAME OF HUSBAND OR WIFE CORA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPANISH AMER WAR			16. SOCIAL SECURITY NO. Cora M. Ross Wife 617 S. Mill, Kansas City, Mo. Official Records VA Hospital, K.C., Mo.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C. V. A. (Cerebral Vascular Accident)							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. VA		Month, Day, Year March 27, 1960		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 VA Kansas City, Kansas	
21. I attended the deceased from March 27, 1960 to April 9, 1960 and last saw her April 9, 1960 at VA Hospital, K.C., Mo. Death occurred at 4:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE LOREN D. BLICKENSTAFF, M.D.					22b. ADDRESS VA Hospital, K.C., Mo.		22c. DATE SIGNED 4-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/12/60	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas				
24. FUNERAL DIRECTOR Daniels Bros., Kansas City, Kansas				25. DATE RECD. BY LOCAL REG. 4-12-60		26. REGISTRAR'S SIGNATURE Neva Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Geo F. Porter

Licensed Embalmer No. _____

3629

P. O. Address _____

Kansas City

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.