

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019266

FILED VS MAY 27 1960

149

Primary Registration District No. 1002

Registrar's No.

2631

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 years	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 3240 Norledge North East Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3909 Sunrise Drive		
3. NAME OF DECEASED (Type or print) First Charles Middle C Last Antill			4. DATE OF DEATH Month May Day 13 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 12/1/1878	9. AGE (last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired -- Railroad	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Summer Co., Kansas	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Antill		13b. MOTHER'S MAIDEN NAME Elizabeth Rickerts		14. NAME OF HUSBAND OR WIFE Emma Antill	
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. -	17. INFORMANT Kansas City Missouri Mrs. Emma Antill 3909 Sunrise Drive.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Artery Thrombosis DUE TO (b) Cerebral Artery Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hr
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 checked="" 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 Kansas City Jackson Mo. COUNTY STATE			
21. I attended the deceased from Jan 1959 to May 1960 and last saw him alive on May 7, 1960 Death occurred at 11 A m of the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L. Shireman, M.D.			22b. ADDRESS 4606 St John Kemo		22c. DATE SIGNED 5-13-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/16/1960	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri		
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd.		25. DATE RECD. BY LOCAL REG. 5-13-60	26. REGISTRAR'S SIGNATURE new Marshall		

DOCUMENT

BY AFFIDAVIT OF L. Shireman 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

Vern Lawler

Licensed Embalmer No. 491

P. O. Address AG 9

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.