

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019272

FILED VS MAY 24 1960

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Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2484 STATE FILE NUMBER

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 71 yrs	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1301 W. 21st		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oscar Middle G. Last Ayres			4. DATE OF DEATH Month 5th Day 4th 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 5-16-75	9. AGE (last birthday) 84 yrs	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10b. KIND OF BUSINESS OR INDUSTRY Decorating	11. BIRTHPLACE (City and state or country) Washington, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Alden Ayres		13b. MOTHER'S MAIDEN NAME Amanda Finney		14. NAME OF HUSBAND OR WIFE Jennie Ayres		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown); (If yes, give war or dates of service) Yes 5-7-98 to 11-3-98		16. SOCIAL SECURITY NO. 569 09 3382	17. INFORMANT Jennie Ayres, Wife, Kansas City, Mo Address V.A. Hospital Records, Kansas City, Mo			
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) Bronchopneumonia						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of lower lobe of right lung					
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced emphysema and bronchiectasis				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 checked="" 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 _____ 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	COUNTY	STATE	
21. attended the deceased from April 28, 1960 to May 4, 1960 and xxxxxxx Death occurred at 12:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) T. J. FRITZLEN MD			22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 5-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 6, 1960	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEM	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.		ADDRESS	25. DATE RECD. BY LOCAL REG. 5-5-60	26. REGISTRAR'S SIGNATURE New 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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Fuller

Licensed Embalmer No. 4818
P. O. Address KC 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.