

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019361

FILED VS MAY 27 1960

149

Primary Registration District No. 1002

Registrar's No. 2678

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Jackson</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Jackson</i>	
		Length of stay in 1b <i>55 yrs</i>		c. CITY OR TOWN <i>Kansas City Mo</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4545 Jefferson St</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>4545 Jefferson St</i>	
3. NAME OF DECEASED (Type or print) First <i>Mrs Louise</i> Middle <i>P.</i> Last <i>Dill</i>				4. DATE OF DEATH Month <i>May</i> Day <i>13</i> Year <i>1960</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-15-1887</i>	9. AGE (last birthday) <i>73</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (City and state or country) <i>Larned Kansas</i>		12. CITIZEN OF WHAT COUNTRY <i>U S A</i>	
13a. FATHER'S NAME <i>A. Stacie O'Should</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Grebe</i>		14. NAME OF HUSBAND OR WIFE <i>Arthur K Dill</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>372-10-5179 D.</i>		17. INFORMANT <i>D. Stacie O'Should Lake Park, Mo.</i> Address			
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) <i>Coronary Occlusion</i>							
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. 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. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Hughoy Owens Carter</i>				22b. ADDRESS <i>1034 1/2 1st St Bldg</i>		22c. DATE SIGNED <i>5-13-60</i>	
23a. SERIAL OR REMOVAL (Specify)		23b. DATE <i>5-16-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>mt Marial Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>	
24. FUNERAL DIRECTOR <i>France-Wernall Funeral Home</i>			25. DATE RECD. BY LOCAL REG. <i>5-16-60</i>		26. REGISTRAR'S SIGNATURE <i>Mira Minshall</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF PUBLIC HEALTH OFFICER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by James C. Anderson Student Embalmer No. 591  
working under my personal supervision.

Student James C. Anderson  
Signature of Student Embalmer

Signed Russell M. Fran

Licensed Embalmer No. 425

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.