

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019428

FILED VS JUN 6 1960

Registration District No. 149 Primary Registration District No. 1-02 Registrar's No. 2778 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 20 Yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6333 Morningside Dr.			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 6333 Morningside Dr.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Anna Middle C Last Hanley				4. DATE OF DEATH Month May Day 20 , Year 1960				
5. SEX Female		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 5/31/1888		
				9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Nurse				10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (City and state or country) Hiedleberg, Germany		
12. CITIZEN OF WHAT COUNTRY U.S.A.								
13a. FATHER'S NAME Adolph Engler				13b. MOTHER'S MAIDEN NAME Rosina Ueber		14. NAME OF HUSBAND OR WIFE Lawrence Moxie Hanley		
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. 486-01-4312		17. INFORMANT 6333 Morningside Drive Lawrence Moxie Hanley Kansas City 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) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Essential Hypertension							INTERVAL BETWEEN ONSET AND DEATH 2-3 minutes 3 1/2 years	
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown								
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 1955 to 1960-5-20 and last saw her alive on 5-17-1960 Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE E. Robert Nigro MD (Degree or title)				22b. ADDRESS 1222 Mike K.C. Mo		22c. DATE SIGNED 5-21-1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/22/1960		23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Kansas		
24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo. 1331 Brush Creek Blvd.				25. DATE RECD. BY LOCAL REG. 5-21-60		26. REGISTRAR'S SIGNATURE Reva Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. Robert Nigro

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. 4915

P. O. Address K.C., 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.