

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019475

FILED VS JUN 15 1960

149

Primary Registration District No. 1002

Registrar's No. 2912

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 yr.		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 ST. MARY'S HOSP.				d. STREET ADDRESS (If outside, give location) 100 EAST 36th ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Bertha Middle CECELIA Last King				4. DATE OF DEATH Month MAY Day 27 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH APR. 20, 1879	9. AGE (last birthday) 81 yrs.	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER			10b. KIND OF BUSINESS OR INDUSTRY DICKENSON CO. KANSAS		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Calkin			13b. MOTHER'S MAIDEN NAME Annie Sophia Rundle		14. NAME OF HUSBAND OR WIFE RALPH KING		
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. NO	17. INFORMANT Address R. L. KING 9208 ENSLEY			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation						INTERVAL BETWEEN ONSET AND DEATH 30 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease						15 yrs.	
DUE TO (c) Coronary Atherosclerosis						25 yrs	
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 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 <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		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 May 1959 to May 1960 and last saw her/him alive on May 27, 1960 Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Pedree or title) Frank A. O'Connell M.D.				22b. ADDRESS 7951 State Ave KCMO		22c. DATE SIGNED 5/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MAY 31, 1960	23c. NAME OF CEMETERY OR CREMATORY HIGHLAND CEM		23d. LOCATION (City, town, or county) (State) JUNCTION CITY KANSAS.		
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS KC. MO.				25. DATE RECD. BY LOCAL REG. 5-30-60	26. REGISTRAR'S SIGNATURE Irene Marshall		

DOCUMENT

Frank A. O'Connell, M.D. 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 Chester K Brown

Licensed Embalmer No. 683

P. O. Address K O W

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.