

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019504

FILED VS JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2913 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 14 yrs.		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 4728 VIRGINIA			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4728 VIRGINIA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Laura Middle K Last McFarlin				4. DATE OF DEATH Month MAY Day 27 Year 1960			
5. SEX FEMALE	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 SEPT 1, 1887	9. AGE (last birthday) 72 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY SHARON SPRINGS KANSAS		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME WILLIAM SCOTT			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WALTER MCFARLIN		
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. NONE	17. INFORMANT WALTER MCFARLIN			Address 4728 Virginia
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Cholelithiasis						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 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 _____ s.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 Sept 59 to May 27 60 and last saw her alive on May 23 60 Death occurred at 9:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (degree or title) J. D. Bennett M.D.				22b. ADDRESS 409 E 63rd K-C Mo		22c. DATE SIGNED 5/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE MAY 31, 1960	23c. NAME OF CEMETERY OR CREMATORY SOLDIER CEM		23d. LOCATION (City, town, or county) SOLDIER KANSAS		(State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SON K. C. MO.			25. DATE RECD. BY LOCAL REG. 5-30-60	26. REGISTRAR'S SIGNATURE Walter Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. D. Bennett

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

Harold B. Eckert

Licensed Embalmer No. 3035

P. O. Address W. C. Co.

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.