

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019593

FILED VS JUN 6 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2765

2765

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS City</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>KANSAS City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp #</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1100 E 9th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Diane</u> Middle <u>Faith</u> Last <u>Rice</u>				4. DATE OF DEATH Month <u>5</u> Day <u>17</u> Year <u>60</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/16/60</u>	9. AGE (last birthday) _____	IF UNDER 1 YEAR Months _____ Day _____	IF UNDER 24 HR Hours _____ Min. _____		
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Richard M. Rice</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Ann Brys</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Richard Rice</u> Address <u>1100 E. 9th</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____									
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 <u>5/16/60</u> to <u>5/17/60</u> and last saw her alive on <u>5/17/1960</u> Death occurred at <u>8:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>H. L. Dwyer</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>2400 Sherry City</u>		22c. DATE SIGNED <u>5/17/1960</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>5-27-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hecks</u>		23d. LOCATION (City, town, or county) <u>Kansas City MO</u>		(State)		
24. FUNERAL DIRECTOR <u>Mrs. Dwyer</u> ADDRESS <u>KC MO</u>			25. DATE RECD. BY LOCAL REG. <u>5-20-60</u>		26. REGISTRAR'S SIGNATURE <u>neva nichols</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. DWYER

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: Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Amelia Johnson

Licensed Embalmer No. 308

P.O. Address HC M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to do so 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.