

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019624

FILED VS MAY 24 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2625

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 4 mo.		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 KANSAS CITY T.B. HOSP			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 917 E. 15th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Edward Middle - Last Smith				4. DATE OF DEATH Month May Day 11 Year 1960									
5. SEX MALE		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 3-9-83		9. AGE (last birthday) 77		IF UNDER 1 YEAR Months 25 Days 25 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN				10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN				11. BIRTHPLACE (City and state or country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY UNKNOWN			
13a. FATHER'S NAME JAMES SMITH				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE UNKNOWN					
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. 493-22-0814		17. INFORMANT ELIZABETH SMELSER		Address 5116 FAIR VALLEY Ave COVINA, CALIF					
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 OCCLUSION DUE TO (b) ARTERIO SCLEROTIC 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			
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 1-11-60 to 5-11-60 and last saw him alive on 5-11-60 Death occurred at 5:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Edward P. Altomare, M.D. (Type name and title)				22b. ADDRESS K.C.T.B. HOSPITAL				22c. DATE SIGNED 5-11-60					
23a. BURIAL, CREMATION, REPOVAL (Specify)		23b. DATE 5-13-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri							
24. FUNERAL DIRECTOR Wilbert: 2332 Monitor Place, E. 88 Mo. ADDRESS				25. DATE RECEIVED BY LOCAL REG. 5-12-60		26. REGISTRAR'S SIGNATURE Norm Marshall							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Edward P. Altomare, M.D. CERTIFICATION

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 B. E. Wulbert

Licensed Embalmer No. 4025

P. O. Address K. C. S.

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.