

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019627

FILED VS. JUN 6 1960

149

Primary Registration District No. 1002 Registrar's No.

2811

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in lb <i>12 yrs</i>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp #1</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If inside, give location) <i>3001 Kensington</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Maybelle</i> Middle <i>Smith</i> Last <i>Smith</i>		4. DATE OF DEATH Month <i>5</i> Day <i>17</i> Year <i>60</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>6/25/14</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	9. AGE (last birthday) <i>45</i> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
13a. FATHER'S NAME <i>Benson Alexander</i>		13b. MOTHER'S MAIDEN NAME <i>Sally Shannon</i>	11. BIRTH PLACE (City and state of country) <i>Arkansas U.S.A.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ruptured Berry T.neurysm</i>		17. INFORMANT <i>James Smith</i> Address <i>3001 Kensington K.C. Mo.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 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 <i>8:10</i> a.m. Month, Day, Year <i>5/11/1960</i> 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 <i>Sherry City</i>	COUNTY STATE
21. I attended the deceased from <i>5/11/1960</i> to <i>5/17/60</i> and last saw her alive on <i>5-17-1960</i>		Death occurred at <i>8:10 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>H.L. Dwyer M.D.</i> (Degree or title)		22b. ADDRESS <i>2400 Sherry City</i>	22c. DATE SIGNED <i>5/18/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5-24-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>West lawn Cemetery</i>	23d. LOCATION (City, town, or county) <i>Kansas City Kansas</i> (State)
24. FUNERAL DIRECTOR <i>Nathan W. Thatcher K.C.K.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>5-23-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1943
MAY

no money must be about

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 *Clyde L. Wood*

Licensed Embalmer No. *3106*

P. O. Address *523 N.*

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.