

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019686

FILED VS MAY 27 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 2696 STATE FILE NUMBER

DED

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 19 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3643 Harrison Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Ovel Middle F. Last Webster				4. DATE OF DEATH Month May Day 14 Year 1960					
5. SEX MALE 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 1/21/1907	9. AGE (last birthday) 53	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) Clerk Wilson Packing Company			10b. KIND OF BUSINESS OR INDUSTRY Company		11. BIRTHPLACE (City and state or country) Gravois Mills Missouri		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Grover C. Webster			13b. MOTHER'S MAIDEN NAME Callie S. Spires			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 500-12-4580		17. INFORMANT Kansas City Missouri Mrs. Callie J. Naylor 3643 Harrison St.				
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arterio Sclerosis DUE TO (c) rubens Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 12 days 1 year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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.) none					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year none								
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.) None		20f. CITY, TOWN, OR LOCATION None		COUNTY None		STATE None	
21. I attended the deceased from May 02, 1960 May 4, 1960 saw ^{her} him alive on May 14, 1960 . Death occurred at about 9:30 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE M. B. Casebolt MD (Degree or title)				22b. ADDRESS 4000 Baltimore St. - 6-740		22c. DATE SIGNED 5-14-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/1960	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri				
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri				25. DATE RECD. BY LOCAL REG. 5-16-60		26. REGISTRAR'S SIGNATURE Never Minichell			

DOCUMENT

MEDICAL CERTIFICATION

M. B. Casebolt

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 E. L. Gibson

Licensed Embalmer No. 4137
Exalton G. G. Mo

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.