URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960 149 Registration District No. 1002 Registrar's No. 3021 60-023103 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b UNKNOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3114 CAMBBELL ST. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First RAY Middle C Last CLARK
4. DATE OF DEATH Month JUNE Day 3 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH FEB 4, 1880
9. AGE (last birthday) 80 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) RETIRED MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY TOPEKA KANSAS
11. BIRTHPLACE (City and state or country) BROWN COUNTY KANSAS
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME EDWARD H CLARK
13b. MOTHER'S MAIDEN NAME MARY MARGARET BUNN
14. NAME OF HUSBAND OR WIFE MARIE CLARK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MARIE CLARK Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-2-60, to 6-3-60 and last saw her/him alive on 6-3-60.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Dwyer (Degree or title) MD.
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED

BY AFFIDAVIT OF H. L. Dwyer

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 6, 1960
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.
23d. LOCATION (City, town, or county) KANSAS CITY MO. (State)

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO. ADDRESS
25. DATE RECD. BY LOCAL REG. June 6, 1960
26. REGISTRAR'S SIGNATURE Nova Menshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Albert L. Savag

Signature of Student Embalmer

Licensed Embalmer No. H 812

P. O. Address Kansas C

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