

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023397

FILED VS JUN 17 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3000 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b D.O.A.	c. CITY OR TOWN MISSION Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St. Lukes Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6024 Rosewood Dr. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Carl Middle G Last Smith	4. DATE OF DEATH Month June Day 2 Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 27 1911	9. AGE (last birthday) 49 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSIST MANAGER SOUTHWESTERN BELL	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SCANDIA KANSAS	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FRANK SMITH	13b. MOTHER'S MAIDEN NAME CLARISSA EDGREN	14. NAME OF HUSBAND OR WIFE JEAN SMITH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 11	16. SOCIAL SECURITY NO. -	17. INFORMANT JEAN SMITH Address Mission Kans.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, acute		INTERVAL BETWEEN ONSET AND DEATH 1 hour
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
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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.)
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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 _____
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21. I attended the deceased from 6/2-60 to 6-2-60 and last saw him alive on 6/2-60.
Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Donald McFarland M.D.	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 6-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 4, 1960	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM	23d. LOCATION (City, town, or county) KANSAS CITY MO.
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24. FUNERAL DIRECTOR D.W. Newcomers Sons Kansas City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-3-60	26. REGISTRAR'S SIGNATURE Wes Marshall
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DOCUMENT

BY AFFIDAVIT OF M. Donald McFarland MEDICAL 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 Thomas W. Pearson

Licensed Embalmer No. 4889

P. O. Address N.C., 4/6.

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