RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60=023443
STATE FILE NUMBER

FILED VS JUN 30 1960 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3159

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank B. Leitz

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: 55 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4321 E. 7th St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4321 E. 7th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOSEPH Middle Last THOR
4. DATE OF DEATH: Month 6 Day 11 Year 60
5. SEX: Ma
6. COLOR OR RACE: Wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-14-75
9. AGE (last birthday): 85
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): Ret. Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and state or country): Germany
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Adam Thor
13b. MOTHER'S MAIDEN NAME: Barbara Mock
14. NAME OF HUSBAND OR WIFE: Emma Thor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XX
16. SOCIAL SECURITY NO.: 500-22-5838
17. INFORMANT: Address: Mrs. Ernabelle Narron, R#2, Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Hypertensive Heart disease — 20 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cystitis, Prostatitis.
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 1937 to June 11 1960 and last saw ~~her~~ him alive on June 5 1960
Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title): M.D.
22b. ADDRESS: 1530 [illegible] Kansas City Mo.
22c. DATE SIGNED: 6-13-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-14-60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Mo.
24. FUNERAL DIRECTOR: Wagner Funeral Home — ADDRESS: K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 6-13-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 Alvin R. Haunschild

Signature of Student Embalmer

Licensed Embalmer No. 4/5

P. O. Address K. 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.