

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

=60-026798

STATE FILE NUMBER

149 Primary Registration District No. 1002 Registrar's No.

3820

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, Mo.		Length of stay in 1b 7 days	c. CITY OR TOWN Lees Summit		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR4 C-21 LAKE LOTAWANA		
3. NAME OF DECEASED (Type or print) First Middle Last Inez D. Danford			4. DATE OF DEATH Month Day Year July 21, 1960			
5. SEX F	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 5-11-80	9. AGE (last birthday) 80	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Pueblo, Colo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Unfug		13b. MOTHER'S MAIDEN NAME Katherine Rutherford		14. NAME OF HUSBAND OR WIFE Wm. Earl. Danford(Dec.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Address W.E. Danford, Lake Lotawana, 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) Intertrochanteric fracture left femur INTERVAL BETWEEN ONSET AND DEATH 7 days DUE TO (b) Congestive heart failure 7 days DUE TO (c) arteriosclerotic heart disease						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus				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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at home				
20c. TIME OF INJURY Hour a.m. p.m. July 14 1960	Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Lake Lotawana	COUNTY Jackson	STATE Missouri
21. I attended the deceased from July 14 1960 to July 21 1960 and last saw her alive on July 21 1960 Death occurred at 11:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE L. Barnard M.D. (Degree or title)			22b. ADDRESS 4312 J.C. Nichols Pkwy, KC		22c. DATE SIGNED 7-22-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE July 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR Langsford Funeral Home Lee's Summit, Missouri			25. DATE RECD. BY LOCAL REG. 7-25-60	26. REGISTRAR'S SIGNATURE Bevera Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. Barnard

AUG 8 1960

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 W. B. Langford

Licensed Embalmer No. 383

P. O. Address Leis Summit

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