

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

=60-026844

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3823 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	Length of stay in 1b <u>58 yr.</u>	c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2119 Lexington</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lynn</u> Middle <u>Wesley</u> Last <u>Foreman</u>			4. DATE OF DEATH Month <u>7</u> Day <u>22</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-1-1901</u>	9. AGE (last birthday) <u>58</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Attendant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Picknick Garage</u>	11. BIRTHPLACE (City and state or country) <u>Locust, Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Foreman</u>	13b. MOTHER'S MAIDEN NAME <u>Lillie Bell Menard</u>	14. NAME OF HUSBAND OR WIFE <u>Mainzie K. Foreman</u>
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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) <u>Yes</u> <u>U.S.A.</u>	16. SOCIAL SECURITY NO. <u>495-10-3043</u>	17. INFORMANT <u>Mainzie K. Foreman</u> Address <u>K.C., Mo.</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	

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 checked="" 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.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	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

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph A. Owens</u>	22b. ADDRESS <u>152 W. Main St. St. Louis</u>	22c. DATE SIGNED <u>7-25-60</u>
23a. BURIAL, CREATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-25-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W. Washington Cem.</u>
24. FUNERAL DIRECTOR <u>C. J. Blackman</u>	ADDRESS <u>1501 E. 7th St. K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>7-25-60</u>
		26. REGISTRAR'S SIGNATURE <u>Beverly Marshall</u>

BY AFFIDAVIT OF HEALTH H. OWENS / 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 W.C. Rinne

Licensed Embalmer No. 4829

P. O. Address K.C. Mo.

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