

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-026926

FILED VS JUL 26 1960

149

Primary Registration District No. 1002

Registrar's No. 3415

STATE FILE NUMBER

NDED

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) Kansas City		Length of stay in lb Life		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hazelwood Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3601 Forest		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First MRS. KATE Middle HULING Last HULING				4. DATE OF DEATH Month 6 Day 28 Year 60									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/5/1973		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months 6 Days 28		IF UNDER 24 HR Hours 60 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER				10b. KIND OF BUSINESS OR INDUSTRY SCHOOL				11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.			
13a. FATHER'S NAME JOHN P. HULING				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE —					
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 Mrs. Grace Goodrick 3601 Forest							
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 Degeneration DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)										INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 months			
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					
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.)									
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					
21. I attended the deceased from June 12, 1960 to June 28, 1960 and last saw her/him alive on June 26, 1960 Death occurred at 11 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) John K. Caldwell MD						22b. ADDRESS 306 E 12 St. Kansas City, Mo.				22c. DATE SIGNED 6/29/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 30 JUNE 60		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMET.				23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.					
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home 1800 S. Linwood Blvd.						25. DATE RECD. BY LOCAL REG. 6-29-60		26. REGISTRAR'S SIGNATURE Neva Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John K. Caldwell

To John Jackson

Angie Bldg

Nov 1-1954

3-9 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur Eugene

Licensed Embalmer No. 491

P. O. Address K.C.

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.