

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026967

STATE FILE NUMBER

3706

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

FILED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas / City	a. STATE Missouri	b. COUNTY Clay
Length of stay in 1b 3 weeks		c. CITY OR TOWN Gladstone	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		d. STREET ADDRESS 907 E. 61st. North	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First ANNA	Middle M.	Last KORNBLUM	4. DATE OF DEATH	Month July	Day 16	Year 1960
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5. SEX Female	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 10-2-1891	9. AGE (last birthday) 68	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) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Sauk Centre, Minn.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Joseph F. Hegar	13b. MOTHER'S MAIDEN NAME Margaret Zitzmann	14. NAME OF HUSBAND OR WIFE Never married- Fritz
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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) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Robert Kornblum	Address Kansas City, Mo.
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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) Carcinoma of stomach	DUE TO (b)	DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 4 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			

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 checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 June 28 '60 to July 16 '60 and last saw her him alive on July 16, 1960
Death occurred at 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Meloid Jones	(Degree or title) M D	22b. ADDRESS 111 Nichols Road	22c. DATE SIGNED 7-17-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-20-60	23c. NAME OF CEMETERY OR CREMATORY Maple hill Cemetery	23d. LOCATION (City, town, or county) (State) Hibbing, Minn
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24. FUNERAL DIRECTOR Mellody-McGilley-Eylar	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 7-17-60	26. REGISTRAR'S SIGNATURE Melva Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Meloid Jones**

*Take to General
in Removal and
preparation.*

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 *James W. Wau*

Licensed Embalmer No. *465*

P. O. Address *K.C., Mo.*

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.