

**DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-027097**

**FILED VS AUG 8 1960**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3833 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <u>50 years</u>		c. CITY OR TOWN <u>Kansas City</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>807 E. 80<sup>th</sup></u>		d. STREET ADDRESS (If outside, give location) <u>807 E. 80<sup>th</sup></u>	

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>Maudene</u> Middle <u>Rich</u> Last <u>Rich</u>	Month <u>July</u> Day <u>23</u> Year <u>1960</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 4, 1884</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Apartment Rental Emporia Kansas</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Apartment Rental Emporia Kansas</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James T. Alexander</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Roland</u>	14. NAME OF HUSBAND OR WIFE <u>IRVIN S. Rich</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>No</u>	16. SOCIAL SECURITY NO. <u>496-10-6598</u>	17. INFORMANT <u>DON Rich</u> Address <u>807 E. 80<sup>th</sup></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>Myocardial infarction</u>	<u>3 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis, generalized</u>	<u>10 yrs.</u>
	DUE TO (c) <u>Hyper tension</u>	<u>10 yrs</u>
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

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 <u>2:30</u> Month, Day, Year <u>July 22-60</u>
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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 <u>July 22-60</u> to <u>July 23-60</u> and last saw her <u>July 22-60</u> alive on <u>July 22-60</u>
Death occurred at <u>2:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Paul T. McGinnis M.D.</u>	22b. ADDRESS <u>920 West 47<sup>th</sup></u>	22c. DATE SIGNED <u>7-25-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 25, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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24. FUNERAL DIRECTOR <u>Muehlebach</u> ADDRESS <u>6800 Troost</u>	25. DATE RECD. BY LOCAL REG. <u>7-25-60</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
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DOCUMENT

BY AFFIDAVIT OF Paul T. McGinnis M.D. CAMBRIDGE CERTIFICATION

Dr. W. J. Gannon

920 W. 47<sup>th</sup>

Ua 1-0074

Dr. Joseph Hays

9:30 AM Mon from desk

**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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. W.

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