

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027132

FILED VS JUL 26 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3501

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in 1b <i>8 yrs.</i>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <i>2121 Livingston</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Martha Ann</i> Middle <i>Sigler</i> Last <i>Sigler</i>			4. DATE OF DEATH Month <i>7</i> Day <i>4</i> Year <i>60</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-22-69</i>	9. AGE (last birthday) <i>90</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>AT HOME</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>--</i>	11. BIRTHPLACE (City and state or country) <i>Plymouth, Indiana</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		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) <i>NO</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT <i>Mrs. Alice Bennett, 3219 Wayne, K.C. Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Lymphatic leukemia</i> 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 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 <i>7-1-60</i> to <i>7-4-60</i> and last saw her <i>alive</i> on <i>7-4-60</i> Death occurred at <i>9:25 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>H.L. Dwyer</i> (Degree or title) <i>MD</i>			22b. ADDRESS <i>2400 Cherry</i>		22c. DATE SIGNED <i>7-5-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>JULY 5, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>TOLA</i>		23d. LOCATION (City, town, or county) (State) <i>KANSAS</i>		
24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i> ADDRESS <i>1331 BRUSH CREEK KANSAS CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>7-5-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H.L. Dwyer

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

Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep.

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.