

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027156

FILED VS AUG 8 1960

149

Registration District No. Primary Registration District No. 1002 Registrar's No. 3781

STATE FILE NUMBER

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) OR TOWN Kansas City		Length of stay in 1b 29 yrs.		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 St. Lukes Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 722 W. 49th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Albert Middle E. Last Stine				4. DATE OF DEATH Month July Day 20 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH July 23, 1911		9. AGE (last birthday) 48		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Exec. Representative			10b. KIND OF BUSINESS OR INDUSTRY Associated Press			11. BIRTHPLACE (City and state or country) Kansas City, Ks.			12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME John Stine				13b. MOTHER'S MAIDEN NAME Amelia Maurin				14. NAME OF HUSBAND OR WIFE Carol Stine					
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. 514-09-62823		17. INFORMANT Address Carol Stine, Kansas City, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Pan creatitis										INTERVAL BETWEEN ONSET AND DEATH 10 days			
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 shown in PART I (a) Atelectasis Right lung & Abdominal Abscess								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 July 10, 1960 to July 20, 1960 and last saw ^{her} him alive on July 20, 1960 Death occurred at 4:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree & title) William Bayne Allen MD						22b. ADDRESS 4620 Gc Nichols Parkway			22c. DATE SIGNED 7/21/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-22-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary			23d. LOCATION (City, town, or county) KANSAS City, Ks.			(State)			
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.					25. DATE RECD. BY LOCAL REG. 7-21-60		26. REGISTRAR'S SIGNATURE Neval Trinchall						

DOCUMENT

BY AFFIDAVIT OF WILLIAM BAYNE ALLEN, M.D. MEDICAL CERTIFICATION

10:30 Thur

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 William M. Jones

Licensed Embalmer No. 40
P. O. Kansas City

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