

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029962

FILED VS. AUG 17 1960

Registration District No. 78

Primary Registration District No. 5291

Registrar's No. 79

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO COUNTY CLAY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LIBERTY		Length of stay in 1b 8 Weeks		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 I.O.O.F HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 304 N. MAIN		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MAY Middle HANSEN Last BLACK				4. DATE OF DEATH Month AUG Day 9 Year 1960					
5. SEX FEMALE		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 OCT 4 1882		9. AGE (last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (City and state or country) Williamstown Ks		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME Jesse Waidbridge			13b. MOTHER'S MAIDEN NAME FRANCE WARREN BLACK			14. NAME OF HUSBAND OR WIFE WARREN BLACK			
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 WARREN BLACK			Address 304 N MAIN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH 2 Years		
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)						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 May 15 , 1960 and last saw her alive on Aug 8 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) Wm. Goodson M.D.				22b. ADDRESS Liberty Mo				22c. DATE SIGNED 9/10	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-11-60		23c. NAME OF CEMETERY OR CREMATORY White Chapel		23d. LOCATION (City, town, or county) (State) Clay Co. Mo			
24. FUNERAL DIRECTOR ADDRESS O.W. Newcomer's Sons N.K.C. Mo.				25. DATE RECD. BY LOCAL REG. 8-11-60		26. REGISTRAR'S SIGNATURE Wm. Graham			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 21 1961

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed John V. Herrick
Licensed Embalmer No. 4848

P. O. Address K.C. 17, Mo.

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.