

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-030632

INDEXED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4169 STATE FILE NUMBER

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 Clark	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 104 So. Kensington Ave.		Length of stay in lb 2 wks.		c. CITY OR TOWN Medill		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Meleta		Middle V		Last Kirchner		Month Day Year Aug. 12, 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 5-29-05	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Blarestown, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Nelson			13b. MOTHER'S MAIDEN NAME Mary Smith			14. NAME OF HUSBAND OR WIFE Peter G. Kirchner	
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 Address Berneta Kirchner 104 So. Kensington Ave. K.C.MO.			
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) Acute Myocardial Infarction						5-6 yrs	
DUE TO (b) Cor Pulmonale							
DUE TO (c) Valvular Heart Disease Mitral Regurgitation							
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 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 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 4/12/60 to 8/12/60 and last saw her ^{her} _{him} alive on 8/12/60				Death occurred at 7:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If free or title) <i>[Signature]</i>			22b. ADDRESS 820 Poplar St			22c. DATE SIGNED 8/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 13, 1960		23c. NAME OF CEMETERY OR CREMATORY Kahoka		23d. LOCATION (City, town, or county) (State) Missouri	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomers Sons Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 8-13-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

BY AFFIDAVIT OF Robert C. McCannan M.D. MEDICAL CERTIFICATION

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address K. C. Mo

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.