

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030693

FILED VS AUG 23 1960

149

Registration District No. 1002 Registrar's No. 3986

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 58 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) 530 Knickerbocker Pl			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Vance Middle S. Last Meredith				4. DATE OF DEATH Month Aug. Day 1, Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Unknown	9. AGE (last birthday) 81 Plus	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Henderson, Kentucky		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Hayden Shouse			13b. MOTHER'S MAIDEN NAME Mary Vance			14. NAME OF HUSBAND OR WIFE John C. Meredith	
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 Mrs. Ernest Howard, Kansas City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) Fall and fracture of neck of DUE TO (c) Right femur Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell over step			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> m. July 30 60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) K.C. Country Club		20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE MO	
21. I attended the deceased from 7-30-60 to 8-1-60 and last saw him alive on 8-1-60 Death occurred at St. Lukes Hospital 12 noon on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Rex L. Dively M.D. (Degree or title)				22b. ADDRESS 4312 Nichols Parkway		22c. DATE SIGNED 8/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8-3-60	23c. NAME OF CEMETERY OR CREMATORY -			23d. LOCATION (City, town, or county) (State) Henderson, Kentucky	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 8-3-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dively

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 467

P. O. Address 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.