

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

43150-030729
STATE FILE NUMBER

FILED VS. SEP 6 1960

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

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in lb <u>67 yrs</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>2935 E 28th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Mable I</u> Middle <u>Ousley</u> Last <u>Ousley</u>			4. DATE OF DEATH Month <u>8</u> Day <u>19</u> Year <u>60</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>6/13/93</u>	9. AGE (last birthday) <u>67 yrs</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- -</u>	11. BIRTHPLACE (City and state or country) <u>K.C. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Emerald M. Murray</u>	13b. MOTHER'S MAIDEN NAME <u>Corah M. Adams</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war and dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>CLYDE H. MURRAY</u>	Address <u>KC MO</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Colon</u>		INTERVAL BETWEEN ONSET AND DEATH
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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year
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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
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21. I attended the deceased from 7-26-60 to 8-19-1960 and last saw her alive on 8-19-1960
Death occurred at 12:50 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>L. Dwyer</u> (Degree or title)	22b. ADDRESS <u>5400 Cherry - N. C. Mo</u>	22c. DATE SIGNED <u>8/19/1960</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8/23/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u>	23d. LOCATION (City, town, or county) <u>K.C. MO</u>	(State)
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24. FUNERAL DIRECTOR <u>MRS MEEK'S MORTUARY</u>	ADDRESS <u>KC MO</u>	25. DATE RECD. BY LOCAL REG. <u>8-22-60</u>	26. REGISTRAR'S SIGNATURE <u>L. Dwyer</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF 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 Millard B Parker

Licensed Embalmer No. 5013

P. O. Address AC 71

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 ~~STUDENT~~ STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.