URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

60-030778

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4339

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 25 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1012 Highland
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Alice Middle Ross Last
4. DATE OF DEATH Month 8 Day 19 Year 60

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 3-1-1901
9. AGE (last birthday) 59
IF UNDER 1 YEAR Months Days
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
11. BIRTHPLACE (City and state or country) Conway Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Smith
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Mark S. Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Lenois Ross Address 2426 Walnut K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-18-60, to 8-19-60 and last saw her alive on 8-19-60
Death occurred at 1:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Dwyer (Degree or title) M.D.
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 8-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-24-1960
23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn
23d. LOCATION (City, town, or county) (State) K.C. Mo.

24. FUNERAL DIRECTOR E. Sterling Bills ADDRESS 1212 Vine K.C. Mo.
25. DATE RECD. BY LOCAL REG. 8-23-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF H. L. Dwyer

DOCUMENT

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_____ Signed E. Sterling Biles

Signature of Student Embalmer

Licensed Embalmer No. 3178

P. O. Address K.C. Mo

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