

JR DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034697

FILED VS OCT 14 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4980 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b. 4 days	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 DOWNTOWN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) CHASE HOTEL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERTA Middle F. Last CROSS			4. DATE OF DEATH Month OCTOBER Day 2 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-17-1898	9. AGE (last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NURSE	10b. KIND OF BUSINESS OR INDUSTRY k.C. School Sup't.	11. BIRTHPLACE (City and state or country) CLARKSVILLE, TEXAS	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME CHAS. A. CROSS		13b. MOTHER'S MAIDEN NAME MANINIE FARRIER		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES ARMYNURSE		16. SOCIAL SECURITY NO. -	17. INFORMANT Address Mrs. Allen Smith, San Antonio, Texas		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction					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 checked="" 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 <u>10-1-60</u> , to <u>10:30P.M.</u> and last saw her/him alive on <u>10-1-60(10:30P.M.)</u> Death occurred at <u>8:30A.M.-10-2-60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) E. Robert Negro MD.			22b. ADDRESS 1222 McGee - K.C.Mo.		22c. DATE SIGNED 10-3-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-4-1960	23c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS		
24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 10-4-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF Robert Negro 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 Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence

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