URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-034718

STATE FILE NUMBER

FILED VS OCT 10 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4832

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: 2 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ~~Missouri~~ Pennsylvania
b. COUNTY ~~Jackson~~ Beaver
c. CITY OR TOWN ~~Kansas City~~ Aliquippa
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) ~~2704 E. Gregory~~
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First FLORA Middle AUGUSTA Last DULL
4. DATE OF DEATH: Month Sept. Day 22, Year 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: 9-12-1877
9. AGE (last birthday): 83
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: James Mitts
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: John W. Dull
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: T. B. Dull Address: Kansas City, Missouri

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) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.
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): Arteriosclerotic Heart Disease
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 July 1960, to Sept. 22, 1960 and last saw her/him alive on Sept 22, 60.
Death occurred at 11 pm K. City, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Arnold V. Arms M.D.
22b. ADDRESS: 463 S Wyandotte K. City Mo
22c. DATE SIGNED: 9/22/60

BY AFFIDAVIT OF Arnold V. Arms

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-24-60
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): Aliquippa, Pennsylvania
24. FUNERAL DIRECTOR: Freeman Mortuary ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 9-24-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Fr. A. V. Arms
4635 Wyandotte
3-5

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 J. L. Freer
Signature of Student Embalmer

Licensed Embalmer No. 29

P. O. Address K. C.

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.