

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034721

FILED VS OCT 1 0 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4865 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 64 Years		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 420 East Armour	
3. NAME OF DECEASED (Type or print) First Arthur Middle C. Last Durrant		4. DATE OF DEATH Month Sept. Day 26 Year 1960			
5. SEX Male	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 8-8-1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Realtor		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and state or country) Kings Lynn England	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Edwin S. Durrant			
13b. MOTHER'S MAIDEN NAME Elizabeth Miller Taylor		14. NAME OF HUSBAND OR WIFE Edith M. Durrant			
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. Margaret Miller 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) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 5 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic C.V. disease					15 years
DUE TO (c) decompensation					1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Int.				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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Nov. 1959 to Sept 26 1960 and last saw ^{her} him alive on Sept 26 1960 Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Paul Pfeiffer M.D.		22b. ADDRESS 153. Popple Kansas City Mo		22c. DATE SIGNED 9-27-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 28, 1960		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
23d. LOCATION (City, town, or county) (State) Independence, Missouri		24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Independence, Mo.		25. DATE RECD. BY LOCAL REG. 9-27-60	
26. REGISTRAR'S SIGNATURE H. L. Sawyer					

DOCUMENT

Frank B. Leitze MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. LEITZ
Pra Bldg.
1930

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 *A. Kenneth Patterson*

Licensed Embalmer No. 4697

P. O. Address Indip M

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