

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034790

FILED VS. OCT 14 1960

149

Primary Registration District No. 1002 Registrar's No.

4960

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 20 years		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 V. A. HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1015 EAST 27TH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First CHESTER Middle Arthur Last HARTPENCE				4. DATE OF DEATH Month September Day 28 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 4-30-87		9. AGE (last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance			10b. KIND OF BUSINESS OR INDUSTRY NIGHT WATCHMAN		11. BIRTHPLACE (City and state or country) Burlington, Kansas			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Henry R. Hartpence			13b. MOTHER'S MAIDEN NAME Averill Nellie/Simpson			14. NAME OF HUSBAND OR WIFE MRS. MYRTLE Hartpence							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT				16. SOCIAL SECURITY NO. 547 14 6345		17. INFORMANT VA Hospital Official Rcds, K.C. Mo. Wesley Hartpence, 2021 Mission, Topeka, Kans							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Coronary insufficiency													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Arteriosclerotic heart disease			
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					
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 Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 August 23, 1960 to September 28, 1960 and was with him on September 28, 1960 . Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE S. H. CHOY, M.D. (Degree or title)				22b. ADDRESS VA Hospital, Kansas City, Mo.				22c. DATE SIGNED 9-29-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 3, 1960		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY				23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI					
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS KANSAS CITY, MO. 1331 BRUSH CREEK				25. DATE RECD. BY LOCAL REG. 10-3-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. 491

P. O. Address Indep.

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