

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-034953

FILED VS SEP 26 1960

149

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

4658

STATE FILE NUMBER

INDEXED

DOCUMENT

BY AFFIDAVIT OF Edgar W. Johns Medical Certification

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 HOUR	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 St. Luke's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1421 N. 38th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First NESBITT Middle J. Last PACE			4. DATE OF DEATH Month 9 - Day 10 - Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-8-1912	9. AGE (last birthday) 48 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILL WORKER		10b. KIND OF BUSINESS OR INDUSTRY RUST SASH AND DOOR Co.		11. BIRTHPLACE (City and state or country) CHEROKEE COUNTY, SOUTH CAROLINA	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME BENJAMIN FRANKLIN PACE		13b. MOTHER'S MAIDEN NAME LUCY FORTUNE		14. NAME OF HUSBAND OR WIFE MARGARET PACE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II		16. SOCIAL SECURITY NO. 579-24-0684	17. INFORMANT Address MRS. MARGARET PACE, 1421 N. 38th St. KANSAS CITY, KANS.			
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 3 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)				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 checked="" type="checkbox"/> NO <input 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 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 6-1-60 to 9-10-60 and last saw ^{her} him alive on 9-10-60 Death occurred at 4:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Edgar W. Johnson J. M.D.			22b. ADDRESS 104 P.V. Med. Bldg. Prairie Village, Kans.		22c. DATE SIGNED 9-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-12-60	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.			
24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Mo.		25. DATE RECD. BY LOCAL REG. 9-12-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer			

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 Clayton Barnea

Licensed Embalmer No. 479

P. O. Address K.C.

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.