

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILLED VS OCT 27 1960

4885-60-038256
4885 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4885

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Cass									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, MO		Length of stay in 1b 3 days		c. CITY OR TOWN Harrisonville		Inside Limits Yes <input 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 type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 301 W. Wall		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First EDYTHE Middle Last BAIRD				4. DATE OF DEATH Month Sept Day 28 Year 1960									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-29-89		9. AGE (last birthday) 71		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ottawa, Kansas		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Phillip Haberly				13b. MOTHER'S MAIDEN NAME Catherine Schwagler				14. NAME OF HUSBAND OR WIFE Harry Baird					
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 HARRY BAIRD Harrisonville 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) Myocardial Infarction DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH			
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 _____ 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) High H. Owens						22b. ADDRESS 152 Union Station				22c. DATE SIGNED 9-28-60			
23a. BURIAL INFORMATION, REMOVAL (Specify)		23b. DATE Sept 30 1960		23c. NAME OF CEMETERY OR CREMATORY Bunton				23d. LOCATION (City, town, or county) (State) Harrisonville Mo					
FUNERAL DIRECTOR Bunton				ADDRESS Harrisonville Mo				25. DATE RECD. BY LOCAL REG. 9-28-60		26. REGISTRAR'S SIGNATURE H. L. Owens			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 27 1960

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 Ernest Gumbert

Licensed Embalmer No. 336

P. O. Address Harrison

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.