

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038352

FILLED VS OCT 27 1960

149 Primary Registration District No. 1002 Registrar's No. 4887

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		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 50 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3115 CAMPBELL STREET NEWBERRY NURSING HOME		d. STREET ADDRESS (If outside, give location) 4519 GARFIELD AVE.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First CECILE Middle E. Last FORD			4. DATE OF DEATH Month SEPT. Day 27 Year 1960			
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5. SEX FEMALE	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 2-15-1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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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) KEOKUK, IOWA	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME CORNELIUS BENT. HENRY	13b. MOTHER'S MAIDEN NAME FLORENCE B. BROWN	14. NAME OF HUSBAND OR WIFE ZACH FORD
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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 RALPH A. SHOEMAKER	Address 4516 GARFIELD AVENUE KANSAS CITY, MISSOURI
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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 3 HR, 8
IMMEDIATE CAUSE (a) Cerebral Hemorrhage		
DUE TO (b) Chronic arterial hypertension		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 11.45 Month, Day, Year 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 WIRTHMAN	COUNTY WORTHMAN	STATE MISSOURI
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21. I attended the deceased from July, 16, 1960 to September, 26 and last saw her alive on Sept, 26, 1960 Death occurred at 11.45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) V. W. Harned	22b. ADDRESS 402 Wirthman Hldg	22c. DATE SIGNED 9-26-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 29, 1960	23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-28-60	26. REGISTRAR'S SIGNATURE A. L. Dreyer
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF V. W. Harned

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 *Vern Lawler*

Licensed Embalmer No. 4912

P. O. Address K.C. Mo.

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