

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038415

FILED VS NOV 9 1960

5336

STATE FILE NUMBER

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

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY JACKSON | Length of stay in 1b 10 YEARS | 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 | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 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) 1017 PENNSYLVANIA AVENUE | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|------------------------|-----------------------|------------------------|-------------------------|-------------------------|------------------|---------------------|
| 3. NAME OF DECEASED (Type or print) | First ARTHUR | Middle EZRA | Last JACKSON | 4. DATE OF DEATH | Month OCTOBER | Day 21 | Year 1960 |
|--|------------------------|-----------------------|------------------------|-------------------------|-------------------------|------------------|---------------------|

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|------------------------------|---|---|--|--|--|-----------------------|
| 5. SEX MALE | 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 9/9/1891 | 9. AGE (last birthday) 69 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|------------------------------|---|---|--|--|--|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME UNKNOWN JACKSON | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE MRS. AVIS JACKSON |
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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. 511-07-8575 | 17. INFORMANT MRS. AVIS JACKSON KANSAS CITY, MO. |
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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 |
| IMMEDIATE CAUSE (a) <i>Arterio sclerotic heart disease with acute myocardial infarction</i> | 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | |
| DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic bronchitis, emphysema, carcinoma of vocal cord</i> | 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 |
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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 _____ a.m. _____ p.m. | Month, Day, Year |
|--|------------------|

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|--|---|-------------------------------------|---------------|--------------|
| 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 Feb, 1958 **to** Oct 21, 1960 **and last saw** him **alive on** Oct 20, 1960
Death occurred at 1:15 A. **m on the date stated above, and to the best of my knowledge, from the causes stated.**

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| 22. SIGNATURE (Degree or title) <i>D. W. Newcomer M.D.</i> | 22b. ADDRESS <i>Kansas City, Mo</i> | 22c. DATE SIGNED <i>10/22/60</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE OCT. 24, 1960 | 23c. NAME OF CEMETERY OR CREMATORY WICHITA PARK CEMETERY | 23d. LOCATION (City, town, or county) (State) WICHITA KANSAS |
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| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 10-24-60 | 26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Kettner

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. Ha

Licensed Embalmer No. 491

P. O. Address Indep. 7

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.