

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038505

FILED VS OCT 27 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5052 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 lb 52 Years	c. CITY OR TOWN Kansas City
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) 3660 Belleview Avenue
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MYRTLE Middle KING Last PAUL			4. DATE OF DEATH Month 0 Day 4 Year 1960	
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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 3-8-1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 0 Days 4	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homeowner - OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY PAUL'S RECORD STORE	11. BIRTHPLACE (City and state or country) Atchison, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN S. KING	13b. MOTHER'S MAIDEN NAME CORA HOLLOWAY	14. NAME OF HUSBAND Mr. Morris A. Paul
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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. 491-20-1594	17. INFORMANT Mr. Morris Paul	3660 BELLEVIEW 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
IMMEDIATE CAUSE (a)	Acute myocardial infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute coronary occlusion	
	DUE TO (c) Arteriosclerotic Heart Disease	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of the right breast - surgically removed	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 6:50 a.m. p.m. Month, Day, Year 3-20-51 to 10-4-60 and last saw her/him alive on 10-4-60

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 KANSAS CITY COUNTY MISSOURI STATE MISSOURI
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21. I attended the deceased from **3-20-51** to **10-4-60** and last saw her/him alive on **10-4-60**
Death occurred at **6:50 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Wheeler (Degree or title)	22b. ADDRESS M.D. 411 Nichols Road, K. C. Mo.	22c. DATE SIGNED 10-5-60
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23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	23b. DATE OCT. 7, 1960	23c. NAME OF CEMETERY OR REPOSITORY MT. WASHINGTON CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D. W. Newcomer's Son's Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 10-7-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer
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BY AFFIDAVIT OF **John H. Wheeler** DOCUMENT MEDICAL CERTIFICATION

1962

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1962

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 Henry C. Clement
Licensed Embalmer No. 4550

P. O. Address Peasock, Pa.

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.