

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038674

FILED VS NOV 3 1960

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. #40

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 Washington Twp		Length of stay in 1b 20222222 1 yr	c. CITY OR TOWN Kansas City		Inside Limits XXX No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 150 Highway & Andrews		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10613 Indiana		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Peggy Middle Orton Last Epley			4. DATE OF DEATH Month October Day 26 Year 1960		
5. SEX Female	6. COLOR OR RACE Cau	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 29 Nov 1925	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days 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 Housewife	11. BIRTHPLACE (City and state or country) Brownwood, Texas	12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Hugh Orton		13b. MOTHER'S MAIDEN NAME Gladys		14. NAME OF HUSBAND OR WIFE Thomas K. Epley	
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. Unknown	17. INFORMANT Thomas K. Epley Address 10613 Indiana Kansas City, Mo.		
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) Cardiac Tamponade					2 Min
DUE TO (b) Hemorrhage from vessels in area of pericardial reflection					3 Min
DUE TO (c) Contusion of chest					3 Min
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
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Automobile accident			
20c. TIME OF INJURY 2:50 Hour XXXX p.m. Month, Day, Year Oct 26 60					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 150 Highway & Andrews	20f. CITY, TOWN, OR LOCATION Richards-Gebaur AFB,		STATE Missouri
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at 3:08 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>William J. Gutch</i> WILLIAM J. GUTCH, Capt., USAF, MC (Degree or title)			22b. ADDRESS 328th USAF Hospital Richards-Gebaur AFB, Mo.		22c. DATE SIGNED 26 Oct 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-28-60	23c. NAME OF CEMETERY OR CREMATORY Brownwood, Texas		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR E.K. George & Sons Inc, Grandview, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 10-27-60 26. REGISTRAR'S SIGNATURE <i>William J. Gutch</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 1 1961

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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beltway, Md

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.