

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040842

FILED VS NOV 1 1960
INDEXED

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 221 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE COUNTY Missouri Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township 2 yrs.		Length of stay in 1b	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 St. Hosp. # 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 405 E. 104th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Lutricia Recknor			4. DATE OF DEATH Month Day Year October 25, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	8. DATE OF BIRTH -29-1886	9. AGE (last birthday) 74	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 None	11. BIRTHPLACE (City and state or country) Buffalo, Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Edward Real		13b. MOTHER'S MAIDEN NAME Jennie Whit		14. NAME OF HUSBAND OR WIFE James W. Recknor		
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. 544-01-2949B	17. INFORMANT Records of State Hospital # 3, Nevada, 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) Coronary Vessel Disease DUE TO (b) Atheromatous Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH Suddenly Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) with Circulatory Disturbance with Chronic Brain Syndrome Assoc. sclerosis, with Psychotic Reaction (Paranoid nature).					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 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.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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,	COUNTY	STATE		
21. I attended the deceased from 9-12-58 to 10-25-60 and last saw him alive on 10-25-60 Death occurred at 2:40 p. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>E. Allen Pickens, M.D.</i> E. Allen Pickens, M.D.		22b. ADDRESS St. Hospital # 3, Nevada, Mo		22c. DATE SIGNED 10-25-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/26/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) Kansas City Missouri			
24. FUNERAL DIRECTOR Wagner Funeral Home Kansas City Mo.		25. DATE RECD. BY LOCAL REG. Oct 27-1960	26. REGISTRAR'S SIGNATURE <i>Anna E. ...</i>			

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 8 1961

JUN 20 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 Roy F. Webster

Licensed Embalmer No. 4805

P. O. Address Nevada, NV

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.