

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FD VS DEC 5 1960

5708 -60-041841
5708 STATE FILE NUMBER

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

DEED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City,</u>	Length of stay in lb <u>2 weeks</u>	c. CITY OR TOWN <u>Independence</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>		d. STREET ADDRESS (If outside, give location) <u>522 W. Walnut</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Nora</u> Middle <u>Gladys</u> Last <u>Arthur</u>			4. DATE OF DEATH Month <u>November</u> Day <u>11th</u> Year <u>1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-14-1901</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and state or country) <u>unknown</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Milton Simpson</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel M^{rs} Bride</u>	14. NAME OF HUSBAND OR WIFE <u>Lester Arthur</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>L. Arthur Independence MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anaplastic Carcinoma abd.</u> DUE TO (b) <u>Site undetermined</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ a.m. _____ p.m. Month, Day, Year _____		

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 <u>Independence</u>	COUNTY <u>Jackson</u>	STATE <u>MO</u>
21. I attended the deceased from <u>9-19-60</u> to <u>11-11-60</u> and last saw her <u>her</u> alive on <u>11-11-60</u> Death occurred at <u>10:35 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Phillip H. Halperin M.D.</u>	22b. ADDRESS <u>251 E 63rd St</u>	22c. DATE SIGNED <u>11-13-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/14/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Blue Springs, Mo.</u>
24. FUNERAL DIRECTOR <u>Webb Funeral Home, Blue Springs, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-13-60</u>	26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>	

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
Phillip H. Halperin

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1962

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 John P. [Signature]

Licensed Embalmer No. 45

P. O. Address Kansas

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.