

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11 FD VS NOV 23 1960
DED

-60-041978
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5525

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri COUNTY Jackson		c. CITY OR TOWN Kansas City	
Length of stay-in 1b 50 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 617 W. 70th Terrace		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital				d. STREET ADDRESS (If outside, give location) 617 W. 70th Terrace			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First FREDERICK		Middle WILLIAM		Last EVEREST		Month Day Year Nov. 1, 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-24-1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired President M. Richer & Son		10b. KIND OF BUSINESS OR INDUSTRY Kansas City, Kansas		11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Thomas J. Everest			13b. MOTHER'S MAIDEN NAME Sarah Clunne		14. NAME OF HUSBAND OR WIFE Faye Everest		
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. 486-01-5817		17. INFORMANT Address Mrs. J. Gordon Suor, Leawood, Kansas			
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						2 mths	
DUE TO (b) Acute Coronary Thrombosis						2 mths	
DUE TO (c) Coronary Atherosclerosis Generalized Atherosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Acute Coronary Thrombosis with myocardial infarction						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 checked="" type="checkbox"/> NO <input 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 February 14, 1960 to Nov 1, 1960 and last saw him alive on Nov. 1, 1960 Death occurred at 9:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Sure R Ferris (Degree or title) M.D.				22b. ADDRESS 535 Argyle Bldg Kansas City, Mo		22c. DATE SIGNED Nov. 3, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-3-60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 11-2-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

For Services

535 Apple Ridge

Office 1 P.M.

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 *J. R. Freeman*

Licensed Embalmer No. 293

P. O. Address F. O. 1

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.