

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5694

-60-041981

5694

STATE FILE NUMBER

FILED VS DEC 5 1960

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

NDED

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		c. CITY OR TOWN Kansas City		d. STREET ADDRESS (If outside, give location) 5401 Brookside Blvd	
e. COUNTY Jackson		f. STATE Mo.		g. COUNTY Jackson		h. INSIDE LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
i. LENGTH OF STAY IN LIFE Life		j. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		k. RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		l. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Ruth		Middle Faulkner		Last		Month 11 - 9 - 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 checked="" type="checkbox"/>		8. DATE OF BIRTH 12-19-1887	
9. AGE (last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		11. BIRTHPLACE (City and state or country) KC. Mo.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME J.W. Faulkner		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Geo. Bumcroft			
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. None		17. INFORMANT Mrs. John McKitterick Greenwood			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) Carcinoma of gall bladder with extensive hepatic metastasis				INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		DUE TO (b)				DUE TO (c)	
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 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		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 11-5-60 to 11-8-60 and last saw her/him alive on 11-8-60. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Leo E. Johns, Jr. M.D.				22b. ADDRESS 2400 Cherry		22c. DATE SIGNED 11-11-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-11-1960		23c. NAME OF CEMETERY OR CREMATORY Forest Hill cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Melody - McGilley-Eylar 20 W. Linwood				25. DATE RECD. BY LOCAL REG. 11-11-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

DOCUMENT

BY AFFIDAVIT OF Leg. E. Johns, Jr. MEDICAL CERTIFICATION

Gen

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 *Wm. H. Gertz*

Licensed Embalmer No. *5038*

P. O. Address *H E Mo*

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.