

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042000

FILED VS DEC 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5642 STATE FILE NUMBER

| | | | | | |
|--|--|---|--|--|--|
| 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 1b <u>53 years</u> | c. CITY OR TOWN <u>Kansas City</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>Little Sisters Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>5331 Highland</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>FOX</u> Last <u>FOX</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>8</u> Year <u>1960</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Cauc.</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>June 15, 1882</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR Months <u>78</u> Days <u>78</u> |
| 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>Alsace-Lorraine - France</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>Louis Jelsch</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>Andrew L. Fox</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>NONE</u> | | 17. INFORMANT <u>MRS Hugo Crass</u> Address <u>3034 Marsh</u> | |
| 18. CAUSE OF DEATH (Enter only cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> |
| 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) <u>Atherosclerosis</u> | | | | 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 <u>3/19/60</u> Month, Day, Year <u>11/8/60</u> | | 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 <u>3/19/60</u> to <u>11/8/60</u> and last saw ^{her} _{him} alive on <u>11/7/60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Joseph A. Fogarty</u> (Type or title) <u>AO</u> | | | 22b. ADDRESS <u>402 Withman Rd. 6976</u> | | 22c. DATE SIGNED <u>11/8/60</u> |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Nov 10, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Muehlebach</u> | | ADDRESS <u>6800 Troost</u> | 25. DATE RECD. BY LOCAL REG. <u>11-9-60</u> | 26. REGISTRAR'S SIGNATURE <u>H. L. Sawyer</u> | |

DOCUMENT

Joseph A. Fogarty MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Joseph T. ...

617 THIRTEEN BLDG 100 #10 4:00 PM

12E1-4640

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.