

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042027

FILED VS DEC 5 1960

149

Primary Registration District No. 1602

Registrar's No.

5673

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 1/2 yrs	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. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3000 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JANICE Middle LOUISE Last GRAYSON			4. DATE OF DEATH Month November Day 8 Year 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 4-27-1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and state or country) Lynchburg, Virginia		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Singleton		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
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. 261-52-5241		17. INFORMANT Miss Suzanne Grayson, 3000 Tracy	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
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 checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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		COUNTY	STATE
21. I attended the deceased from Oct 20, 1960 to Nov 8, 1960 and last saw ^{her} / _{him} alive on Nov 8, 1960 . Death occurred at 6:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE William R. Donoherty MD (Degree title)		22b. ADDRESS 2108 W. 75th Prairie Village, K.		22c. DATE SIGNED 10-10-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal	23b. DATE 11-10-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary		23d. LOCATION (City, town, or county) (State) Kansas City, Kans.	
24. FUNERAL DIRECTOR ADDRESS Melody McGilley-Eylar Funeral Home 1800 E. Linwood		25. DATE RECD. BY LOCAL REG. 11-10-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF **William R. Donoherty** MEDICAL CERTIFICATION

Dr. Wm R. Tolson

2108 W 75th

FN 2-2900

1-5 PM

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

James E. Fackel

Licensed Embalmer No. *457*

P. O. Address *N.C.,*

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.