

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

5719-60-042058

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

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 30 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp.				d. STREET ADDRESS (If outside, give location) 5915 Wyandotte		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Grace Middle V. Last Hill				4. DATE OF DEATH Month Nov. Day 13, Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH June 2, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian		10b. KIND OF BUSINESS OR INDUSTRY Library		11. BIRTHPLACE (City and state or country) Ft. Dodge, Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Nelson Hill				13b. MOTHER'S MAIDEN NAME Augusta Wagner		14. NAME OF HUSBAND OR WIFE Single	
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 Address Chaney Williams - 7124 Washington, K. C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. None DUE TO (c) Carcinomatosis						INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days 6 mo.	
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. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			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 ☐ NOT WHILE AT WORK ☐		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 1955 to Nov. 13, 1960 and last saw her alive on 11-12-60 . Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) L. J. Steffen M. D.				22b. ADDRESS 1103 Grand Ave K.C. Mo		22c. DATE SIGNED 11-14-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-15-60		23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 11-14-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Steffen

APR 8 1963

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. S. Walton

Licensed Embalmer No. 2744

P. O. Address K. C. Mo

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