

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042071

FILED VS DEC 8 1960

149

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

5847

STATE FILE NUMBER

DED

1/2/61
1/5/61

DOCUMENT
MEDICAL CERTIFICATION
18c Post vaginal hysterectomy
18b Hemo peritonium
BY AFFIDAVIT OF attending physician
Farney

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 20 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 Menorah Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2035 Cypress St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Ruth Ellen Hutchins				4. DATE OF DEATH Month Day Year Nov. 18 1960							
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/25/1896	9. AGE (last birthday) 63	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U S A				
13a. FATHER'S NAME Clay Rodgers			13b. MOTHER'S MAIDEN NAME Martha Hall			14. NAME OF HUSBAND OR WIFE Harley H. Hutchins					
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.		17. INFORMANT Address Harley H. Hutchins Kansas City 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) Fibrino-hemorrhagic Peritonitis <i>Peritonitis</i> DUE TO (b) Hemo peritoneum DUE TO (c) Post Vaginal Hysterectomy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis of Aorta & Coronary Arteries							INTERVAL BETWEEN ONSET AND DEATH 5 days				
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 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 Nov. 11 1960 to Nov. 18 1960 and last saw her/him alive on Nov. 18 1960 Death occurred at 8:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <i>J.P. Farney MD</i> (Degree or title)				22b. ADDRESS 751-E 63 KC Mo		22c. DATE SIGNED 11-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/21/1960	23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) (State) Greenwood Mo.						
24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit Mo.			25. DATE RECD. BY LOCAL REG. 11-21-60		26. REGISTRAR'S SIGNATURE <i>H-S-Dwyer</i>						

VS DEC 8 1961

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 W.B. Langford Sr.
Licensed Embalmer No. 383
P. O. Address 515 S. Du...

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.