

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042075

FILED VS NOV 17 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5368 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>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Length of stay in 1b <u>76 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HIM NOT in hospital, give location) <u>General Shop</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>425 S. Quincy</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Louise Last Jackson 4. DATE OF DEATH Month 10 Day 23 Year 60

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/20/82 9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Muskogee Okla. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George Hart 13b. MOTHER'S MARDEN NAME Mary DeLard 14. NAME OF HUSBAND OR WIFE W.A. Jackson

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 Breda Limberry Address 425 S. Quincy

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 infarction INTERVAL BETWEEN ONSET AND DEATH _____
DUE TO (b) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. Yes N. 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 10-22-60 to 10-23-60 and last saw her live on 10-23-60 Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. Dwyer (Degree or title) MD 22b. ADDRESS 2400 Perry City 22c. DATE SIGNED 10/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10-25-60 23c. NAME OF CEMETERY OR CREMATORY Floral Hills 23d. LOCATION (City, town, or county) Kansas City Mo. (State)

24. FUNERAL DIRECTOR C. H. Blackmantson ADDRESS K-C Mo. 25. DATE RECD. BY LOCAL REG. 10-25-60 26. REGISTRAR'S SIGNATURE H. L. Dwyer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. Dwyer

Case

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 Nubert B. Baird

Licensed Embalmer No. 4888

P. O. Address N.C. 24,

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