

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-042127

5748

STATE FILE NUMBER

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

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri b. COUNTY Jackson		c. CITY OR TOWN Kansas City	
Length of stay in 1b 2 Yrs.		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Forest Avenue Nursing Home		d. STREET ADDRESS 2905 Forest		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jessie Middle McBride Last McBride				4. DATE OF DEATH Month 11 Day 14 Year 60			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-80	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 11 Days 14	IF UNDER 24 HR Hours 60 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Rison, Arkansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Dan McBride			13b. MOTHER'S MAIDEN NAME Cynthia		14. NAME OF HUSBAND OR WIFE Mary McBride		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT O. D. McBride, 3311 Bealfontaine Address			
18. CAUSE OF DEATH (Enter only one cause per line. (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH	
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 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 _____ Month, Day, Year _____ 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 5 1960 to Nov 14 1960 last saw her alive on Nov 11 1960 Death occurred at 12:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W H Bryan MD (Degree or title)				22b. ADDRESS 2122 E 12th St		22c. DATE SIGNED 4/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-18-80	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) Rison, Arkansas (State)		
24. FUNERAL DIRECTOR Jones & Stevens 2315 Linwood ADDRESS			25. DATE RECD. BY LOCAL REG. 11-15-60		26. REGISTRAR'S SIGNATURE H-L-Dwyer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF W H Bryan

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 *Laurence A. [Signature]*

Licensed Embalmer No. _____

P. O. Address *2311 [Address]*

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.

10/10/01