

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5812 -60-042170

FILED VS. DEC 12 1960

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 b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 40 years	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 6935 Walrond Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6935 Walrond Avenue		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARY JANE MOTTER			4. DATE OF DEATH Month Day Year November 15, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-12-1871	9. AGE (last birthday) 89	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife - At home		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Kingman, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Elijah Pendergast		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Reed -		14. NAME OF HUSBAND OF DECEASED Samual Motter		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, now or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-12-2525B	17. INFORMANT Address Mrs. Dora Clark 6935 Walrond, 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 vascular occlusion by					INTERVAL BETWEEN ONSET AND DEATH 54 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis					5 yrs	
DUE TO (c) Generalized Arteriosclerosis					7 mo.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Un healed fracture left leg.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 1955 to Nov 15, 1960 and last saw her alive on Nov 10, 1960 Death occurred at 4:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Signature or title) John R. Whitteman		22b. ADDRESS 6314 Brookside Plaza		22c. DATE SIGNED 11-15-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 18, 1960	23c. NAME OF CEMETERY OF DEPARTING Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri			
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons 1331 Brush Creek Blvd. Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 11-18-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF JOHN R. WHITTEMAN

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 Harry C. Clemens

Licensed Embalmer No. 4550

P. O. Address Pleasant A.

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.