

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 17 1960

5481 - 60-042179

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5481 STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b 1. year <u>1</u>	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2939 HOLMES</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>(XXXXXXXX)</u> Last <u>Needy</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>28</u> Year <u>1960</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-24-32</u>	9. AGE (last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (City and state or country) <u>LOUISVILLE, KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Needy</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Blunk</u>		14. NAME OF HUSBAND OR WIFE <u> </u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u> </u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>ENOS CRAWFORD</u> Address <u>KC Mo 8939 HOLMES</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> <u>Anoxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Inhalation Anesthesia</u> DUE TO (c) <u> </u>					INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input 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.) <u> </u>		
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>		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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u>	STATE <u> </u>	
21. I attended the deceased from <u>5-3-60</u> to <u>10-28-60</u> and last saw her/him alive on <u>10-28-60</u> Death occurred at <u>10-28-60 8:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22. SIGNATURE (Degree or title) <u>William C. Pruitt M.D.</u>		22b. ADDRESS <u>4635 Highland</u>		22c. DATE SIGNED <u>10/28/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 31, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Portland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Louisville Kentucky</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons</u> ADDRESS <u>Kansas City, Mo 1331 Brush Creek</u>		25. DATE RECD. BY LOCAL REG. <u>10-31-60</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>		

DOCUMENT

MISSOURI MEDICAL CERTIFICATION WILSON MD

William C. Pruitt

BY AFFIDAVIT OF

*Je 1. 9400
call 7 hrs.
after 10:30.*

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 Chester R. Brown

Licensed Embalmer No. 4931

P. O. Address 100 W. ...

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.