

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042250

FILED VS NOV 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5277 STATE FILE NUMBER

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 6801 Richmond		inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6801 Richmond Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First August Middle C. Last Rose			4. DATE OF DEATH Month Oct. Day 18 Year 1960
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-19-1888
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN		10b. KIND OF BUSINESS OR INDUSTRY ORCHESTRA	11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME Wm. S. Rose	
13b. MOTHER'S MAIDEN NAME MINNIE Schutzel		14. NAME OF HUSBAND OR WIFE MARGARET Rose	
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. 486-09-6106	17. INFORMANT Mrs. M. Rose Address 6801 Richmond
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fibrosarcoma left Gastro-carcinoma			1 1/2 yrs.
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 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 a.m. p.m.	Month, Day, Year		
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 1958 to July 28, 1960 and last saw him alive on July 28, 1960 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) A. C. Gorman, D.O.		22b. ADDRESS 9140 E. 50 Highway	22c. DATE SIGNED 10/20/60
23a. BURIAL, CREMATION, OR REMOVAL (Specify) CREMATION		23b. DATE Oct. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CREMATORY
23d. LOCATION (City, town, or county) KANSAS CITY		(State) Mo.	
24. FUNERAL DIRECTOR Kepley-Hinton		25. DATE RECD. BY LOCAL REG. 10-20-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. Lippman

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 John R. Sidman

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.