

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045475

FILED VS. DEC 29 1960

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 186

STATE FILE NUMBER

DEED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYCOMO</u>		Length of stay in lb <u>7 YRS.</u>	c. CITY OR TOWN <u>CLAYCOMO</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>211 N. Riley</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>211 N. Riley</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ARTHUR</u> Middle <u>A</u> Last <u>MACK</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>13</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-25-1910</u>	9. AGE (last birthday) <u>50</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life ^{or} if retired) <u>MAINT. MAN JACKSON Co. School Dist.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MAINT. MAN JACKSON Co. School Dist.</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>ARTHUR A. MACK</u>		13b. MOTHER'S MAIDEN NAME <u>LYLIA MITCHELL</u>		14. NAME OF HUSBAND OR WIFE <u>BONNIE MACK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-20-7746</u>		17. INFORMANT Address <u>BONNIE MACK 211 N. Riley</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>over 2 yrs</u>
IMMEDIATE CAUSE (a)	<u>Acute Myocardial Infarction</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Atherosclerosis</u>	
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	
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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 <u>Clay Co., Mo.</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>November 1957</u> to <u>Nov. 14, 1960</u> and last saw ^{her} him alive on <u>Nov 14, 1960</u> Death occurred at <u>December 13, 1960 8:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>John B. Williams M.D.</u>	22b. ADDRESS <u>2730 S. Mace Kansas City Mo</u>	22c. DATE SIGNED <u>12-14-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-16-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Cem</u>
24. FUNERAL DIRECTOR <u>D.W. Newcomer Sons N.C.</u>	25. DATE RECD. BY LOCAL REG. <u>12-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Judgens</u>

BY AFFIDAVIT OF

23d. LOCATION (City, town, or county) (State)
Clay Co., Mo.

OCT 18 1967

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 Glenn H. Hill

Licensed Embalmer No. 4278

P. O. Address K. C. 172

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.