

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045885

FILED VS DEC 19 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5940 STATE FILE NUMBER

| | | | | | | | |
|--|---|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> | | Length of stay in 1b <u>8 yrs</u> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u> | | | | d. STREET ADDRESS <u>1113 Cross St</u> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ROSE</u> Middle <u>THOMAS</u> Last <u>HEBELL</u> | | | 4. DATE OF DEATH Month <u>11</u> Day <u>21</u> Year <u>60</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Aug 16, 1906</u> | 9. AGE (last birthday) <u>54</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u> </u> | | 11. BIRTHPLACE (City and state or country) <u>Macon Georgia</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Louis H. Jewel</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary C. Bundeicken</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>no</u> | | 16. SOCIAL SECURITY NO. <u>213-26-1756</u> | | 17. INFORMANT <u>Joel McShane</u> | | Address <u>516 E 11</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>Right Cerebral Vascular</u> DUE TO (b) <u>accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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. | | 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.) <u> </u> | | 20f. CITY, TOWN, OR LOCATION <u> </u> | | COUNTY <u> </u> STATE <u> </u> | |
| 21. I attended the deceased from <u>9/17/1960</u> to <u>11/21/1960</u> and last saw her alive on <u>11-21-60</u> Death occurred at <u>7:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Ed Ellis</u> (Degree or title) | | | | 22b. ADDRESS <u>2400 Cherry City</u> | | 22c. DATE SIGNED <u>11/22/60</u> (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>11-26-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cem. Kansas City, Mo.</u> | | 23d. LOCATION (City, town, or county) <u> </u> (State) | | |
| 24. FUNERAL DIRECTOR <u>Cassentino Bros</u> ADDRESS <u>Ke Mo</u> | | | | 25. DATE RECD. BY LOCAL REG. <u>11/25/60</u> | | 26. REGISTRAR'S SIGNATURE <u> </u> | |

DOCUMENT

MEDICAL CERTIFICATION

Ed Frank Ellis

BY AFFIDAVIT OF

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 L. L. Parentino

Licensed Embalmer No. 4554

P. O. Address KC, Mo.

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.