

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960 149

5985

-60-045915
STATE FILE NUMBER

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No.

| | | | | | | | |
|---|--|---|-------------------------------------|---|---|--|----------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in lb 5 DAYS | | c. CITY OR TOWN N.K.C. Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESERCH HOSPITAL | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1209 E. 21ST N.K.C. 16th | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ALBERT BENDURE | | | | 4. DATE OF DEATH Month Day Year 11 - 26 - 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"/> MARRIED | 8. DATE OF BIRTH 3-4-1880 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK PAINT CO. | | 10b. KIND OF BUSINESS OR INDUSTRY GUARD | | 11. BIRTHPLACE (City and state or country) KANSAS | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME GEORGE BENDURE | | 13b. MOTHER'S MAIDEN NAME EIVIRA | | 14. NAME OF HUSBAND OR WIFE MARY A. BENDURE | | | |
| 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. 508-05-5394 | | 17. INFORMANT Address MARY A. BENDURE of Home | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aca to myocardia! infarction DUE TO (b) Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diab. to m. illitus | | | | | | 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 checked="" 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 Jan - '58 to death - and last saw him alive on 11-26-60 Death occurred at 11:30 AM | | | | G. M. OSCOR on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE G. M. OSCOR | | (Degree for title) 104 P. V. MEDIC | | 22b. ADDRESS 71ST AT TOMAHAWK | | 22c. DATE SIGNED 11-28-60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 11-29-60 | | 23c. NAME OF CEMETERY OR CREMATORY PAIRIE VILLA KANSAS | | 23d. LOCATION (City, town, or county) Hume Mo. | |
| 24. FUNERAL DIRECTOR D. W. Newcomer | | ADDRESS N.K.C. Mo | | 25. DATE RECD. BY LOCAL REG. 11-29-60 | | 26. REGISTRAR'S SIGNATURE H-L-Dwyer | |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. Osgood

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 Shun X. Lee

Licensed Embalmer No. 458

P. O. Address K.C. 18

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.