

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045974

FILED VS. JAN 11 1961 149

6421

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6421

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 lb. 35 days		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 RESEARCH			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 619 E. 9th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First AVIS Middle C Last CHURCH				4. DATE OF DEATH Month 12 Day 20 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-19-99	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator of Clothing Store			10b. KIND OF BUSINESS OR INDUSTRY Oak Grove Mo		11. BIRTHPLACE (City and state or country) U.S.A		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Wm C Church			13b. MOTHER'S MAIDEN NAME Margaret Sharp		14. NAME OF HUSBAND OR WIFE BEULAH CHURCH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. -		17. INFORMANT Flo Church - 321 W. 45th St K.C. Mo Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia - DUE TO (b) Post operative Cardiovascular accident DUE TO (c) Carcinoma of lung. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH
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.		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 Nov 14 - 60 to Dec 20 - 60 and last saw him alive on Dec. 20, 1960 Death occurred at 2⁰⁰ P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Hector W. Benoit, MD (Degree or title)				22b. ADDRESS 4620 Nichols Plory			22c. DATE SIGNED Dec 20, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		12/22/60	Oak Grove Cem		Oak Grove Mo			
24. FUNERAL DIRECTOR Webb Funeral Home ADDRESS Mo			25. DATE RECD. BY LOCAL REG. 12.22.60		26. REGISTRAR'S SIGNATURE H-L. Dwyer			

DOCUMENT

BY AFFIDAVIT OF HECTOR W. BENOIT MEDICAL CERTIFICATION

