

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046129

FILED VS. JAN 11 1961, 49

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6452 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 40 YEARS		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 St. Luke's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 121 West 61st. Terrace			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDYTHE DURHAM HOGGATT				4. DATE OF DEATH Month Day Year December 21, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Divorced		8. DATE OF BIRTH 1/31/90	9. AGE (last birthday) 70	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, even if retired) HARZELD'S Department Store			10b. KIND OF BUSINESS OR INDUSTRY Department Store		11. BIRTHPLACE (City and state or country) South Louisville, Ky., U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Norval V. Durham			13b. MOTHER'S MAIDEN NAME Nannie Rigg		14. NAME OF HUSBAND OR WIFE HELEN KRIEGER LEAWOOD, KANSAS		
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. 490-16-0270		17. INFORMANT HELEN KRIEGER LEAWOOD, KANSAS Address 2914 WEST 93RD STREET		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Kyphoscoliotic heart disease DUE TO (b) Kyphoscoliosis of dorsal spine DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 6 wks 6 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year 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 Dec. 13, 1960 to Dec. 21, 1960 and last saw her alive on Dec. 21, 1960 Death occurred at 5:00 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Albert I. Decker MD				22b. ADDRESS Kansas City, Miss.		22c. DATE SIGNED 12/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-23-60	23c. NAME OF CEMETERY Forest Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK Kansas City, Missouri			25. DATE RECD. BY LOCAL REG. 12-23-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF
Albert I. Decker MEDICAL CERTIFICATION

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. 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.