URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 9 1960

5965-60-046141

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5965

AMENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas city
Length of stay in 1b: 5mo-22days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Tinmont Nursing Home
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 115 W Hickory
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Cora Middle: E. Last: Jackson
4. DATE OF DEATH: Month: November Day: 26 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Jan 27 1874
9. AGE (last birthday): 86
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): El Dorado Spring Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Thompson
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Wm J Jackson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Emil Jackson Address: 8521 Broadmoor Overland Park, Kan.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral hemorrhage about — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypostatic pneumonia about 24 hrs
DUE TO (c): Arteriosclerosis - about — 15 yrs
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 16, 1960 to Nov 26-1960 and last saw her alive on Nov 23-1960
Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): A B Boyer DO
22b. ADDRESS: 5529 Troost K.C. Mo
22c. DATE SIGNED: 11/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-28-60
23c. NAME OF CEMETERY OR CREMATORY: El Dorado Martin
23d. LOCATION (City, town, or county) (State): El Dorado Springs Mo.

24. FUNERAL DIRECTOR: Hoge Funeral Home
ADDRESS: Overland Park Ks
25. DATE RECD. BY LOCAL REG.: 11-28-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Funeral Home DOCUMENT

A. B. Boyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J Royce Hogo

Licensed Embalmer No. 3579

P. O. Address Overland Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.