

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-046208

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6011

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in 1b 8 yrs. | 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 Nettleton Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5125 Swope Parkway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Annabell Middle Mantell Last Mantell | | | 4. DATE OF DEATH Month Nov. Day 28 Year 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 9, 1884 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Smithville, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. |

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| 13a. FATHER'S NAME William Bogess | | 13b. MOTHER'S MAIDEN NAME Alice Hanning | | 14. NAME OF HUSBAND OR WIFE Andrew Mantell | |
| 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. None | | 17. INFORMANT Address Isa elle P. Langly, 5125 Swope Parkway, K. C., Mo. | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks |
| IMMEDIATE CAUSE (a) Thrombosis | | | |
| DUE TO (b) Nephrosclerosis | | | |
| DUE TO (c) Arteriosclerosis | | | years |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe cerebrovascular disease | | 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 | |
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| 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. Month, Day, Year | | | |

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|--|--|------------------------------|--------|-------|
| 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 |
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21. I attended the deceased from 1953 to 28 Nov 60 and last saw her alive on 28 Nov 60
Death occurred at 6:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree of title) Paul B. Willoughby M.D. | 22b. ADDRESS K C Mo | 22c. DATE SIGNED 29 Nov 60 |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11/30/60 | 23c. NAME OF CEMETERY OR CREMATORY Forest Hill | 23d. LOCATION (City, town, or county) (State) Kansas City Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 11-30-60 | 26. REGISTRAR'S SIGNATURE H-L. Dwyer |
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DOCUMENT

BY AFFIDAVIT OF Paul B. Willoughby M.D. 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 Orville Roberts

Licensed Embalmer No. 4232

P. O. Address K. C. M.

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