

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046326

FILED VS DEC 19 1960 149

Primary Registration District No. 1002 Registrar's No. 6070

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON COUNTY				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, Mo.		Length of stay in 1b 50 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 ST. Luke's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 401 East 63rd Toronto		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Celia Scanlon				4. DATE OF DEATH Month Day Year DECEMBER 3, 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 5-20-90	9. AGE (last birthday) 70	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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ireland		12. CITIZEN OF WHAT COUNTRY —		
13a. FATHER'S NAME Thomas Collins			13b. MOTHER'S MAIDEN NAME Ellen Loughdon			14. NAME OF HUSBAND OR WIFE Thomas Scanlon			
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 John C. Scanlon			Address 7503 Walnut K.C.Mo.	
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 Vascular Thrombosis and congestive heart failure 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 1 hr.		
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 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 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 12/2/60 to 12/3/60 and last saw her/him alive on 12/3/60 . Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. T. King, M.D. (Degree or title)				22b. ADDRESS K.C. Mo. 4400 J.C. Nichols Pkwy			22c. DATE SIGNED 12/3/60 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-5-1960	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery			23d. LOCATION (City, town, or county) Kansas City, Missouri			
24. FUNERAL DIRECTOR Mollody-MoGilley-Eylar ADDRESS 20 W. Linwood K.C.				25. DATE RECD. BY LOCAL REG. 12-3-60		26. REGISTRAR'S SIGNATURE H-L-Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
J. T. King

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 Wm. H. Lentz

Licensed Embalmer No. 5038

P. O. Address K.C. Mo.

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.