

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048657

FILED VS JAN 23 1969

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Registration District No. Primary Registration District No. 1002 Registrar's No. 6489 STATE FILE NUMBER

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 57 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) 2612 Cypress Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last OLIVE H (BOND) BONSKOWSKI				4. DATE OF DEATH Month Day Year December 23, 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 8/9/1870	9. AGE (last birthday) 90	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) FILM INSPECTRESS		10b. KIND OF BUSINESS OR INDUSTRY MOVIES		11. BIRTHPLACE (City and state or country) LEAVENWORTH, KANSAS		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME JOHN R. HARTMAN			13b. MOTHER'S MAIDEN NAME SUSAN BARNES		14. NAME OF HUSBAND OR WIFE TONY BONSKOWSKI			
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. 495-07-5234		17. INFORMANT Address MRS. ELLEN PARMERLEE KANSAS CITY, MO 2612 CYPRESS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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 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								
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 <i>Oct 22 1960</i> to <i>Dec 23 1960</i> and last saw her alive on <i>Dec 23 1960</i> Death occurred at <i>10:45 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Richard L. Lehner, M.D.</i>				22b. ADDRESS <i>1109 Grand Kansas City 6 Mo.</i>		22c. DATE SIGNED <i>12/24/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 27, 1960	23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI				
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331 BRUSH CR KANSAS CITY, MO. 12-27-60			25. DATE RECD. BY LOCAL REG. 12-27-60		26. REGISTRAR'S SIGNATURE <i>H-L. Dwyer</i>			

DOCUMENT

BY AFFIDAVIT OF Richard L. Lehner, 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 Harry E. Clement

Licensed Embalmer No. 4550

P. O. Address Pleasant

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.