

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

-60-048714

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6598

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 51 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 Grosse Nurs. Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3310 Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRANCES Middle LOUISE Last HACKERD	4. DATE OF DEATH Month 12 Day 29 Year 60
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5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-81	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee	10b. KIND OF BUSINESS OR INDUSTRY Office Bldg.	11. BIRTHPLACE (City and state or country) Leavenworth, Kans	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Louis Abbott	13b. MOTHER'S MAIDEN NAME Mary Lonergan	14. NAME OF HUSBAND OR WIFE Elwood I. Hackerd
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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. 487-09-6432	17. INFORMANT Margaret Hackerd, 3310 Broadway	Address
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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
IMMEDIATE CAUSE (a)	Pyelonephritis	6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertension, Atherosclerosis, Heart Disease	10+ yrs
	DUE TO (c) C.V.A. = Lt. Hemiplegia	3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardio-De-compensation for 8+ mo.	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.)
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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
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21. I attended the deceased from 2-17-58 to 12-29-60 and last saw her ^{her} _{him} alive on 12-29-60 Death occurred at 9:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE <i>Frank B. Leitz</i> (Degree or title) MD	22b. ADDRESS 1530 Twp Bldg Leavenworth Mo	22c. DATE SIGNED 12-30-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-31-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	23d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
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24. FUNERAL DIRECTOR Wagner Funeral Home. K.C. Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-30-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank B. Leitz

JAN 24 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by Phillip L. Smith, Student Embalmer No. 62

working under my personal supervision.

Student Phillip L. Smith
Signature of Student Embalmer

Signed Alvin R. Haunscho

Licensed Embalmer No. 415

P. O. Address Kansas

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.