MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048801

FILED VS JAN 23 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6523 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in this place: 35 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3918 CHARLOTTE STREET GROSSE NURSING HOME — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 4800 JEFFERSON STREET — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First HARRIET — Middle — Last PFOUTS
4. DATE OF DEATH: Month DECEMBER — Day 24 — Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 5/12/1879
9. AGE (last birthday): 81 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (City and state or country): Beardstown, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Joseph K. Goudy
13b. MOTHER'S MAIDEN NAME: Rachel E. Henderson
14. NAME OF HUSBAND OR WIFE: WILLIAM PFOUTS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -------NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Louvilla Fielder — Address: 1015 E. Armour

MEDICAL CERTIFICATION

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)	Cerebral Hemorrhage about	48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypostatic Pneumonia	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): Hypertension Senility.

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 July 18, 1960, to Dec 24, 1960 and last saw her/him alive on Dec 23, 1960
Death occurred at 11:15 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 KCMo
22c. DATE SIGNED: 12.27.60

BY AFFIDAVIT OF A. B. Boyer

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: Dec. 27, 1960
23c. NAME OF CEMETERY OR CREMATORY: D.W. Newcomer's Sons
23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR — ADDRESS: D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 12-27-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Chester K Brow

Signature of Student Embalmer

Licensed Embalmer No. 49

P. O. Address K P

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