

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009259

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1001

Registrar's No. 1098

STATE FILE NUMBER

AMENDED

FILED MAR 20 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2414 W. 42 Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>(None)</b> Last <b>York</b>		4. DATE OF DEATH Month <b>Feb</b> Day <b>27</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 31 1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auditor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bd. of Public Utilities</b>	11. BIRTHPLACE (City and state or country) <b>Hillsdale Ks</b>
13a. FATHER'S NAME <b>Elias H. York</b>		13b. MOTHER'S MAIDEN NAME <b>Mellessa True</b>	14. NAME OF HUSBAND OR WIFE <b>Jane York</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT Address <b>Jane York 2414 W. 42 Ave. K.C.K.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b><del>Acute</del> Carcinoma of Cecum</b> DUE TO (b) <b>Post-operative peritonitis</b> DUE TO (c) <b>Broncho pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 _____ 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 <b>Feb 16, 61</b> to <b>Feb 27, 61</b> and last saw her/him alive on <b>Feb 27, 61</b> Death occurred at <b>7:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Mervin J. Rumold</b>		22b. ADDRESS <b>Blaze Line Bldg. Kansas City Mo.</b>	22c. DATE SIGNED <b>Feb 28, 61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal Mch. 1, 1961</b>		23b. DATE <b>Mch. 1, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ferncliff Cem.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Geo. F. Porter &amp; Sons K.C.K.</b>		23d. LOCATION (City, town, or county) <b>Elmsford, N.Y.</b>	25. DATE RECD. BY LOCAL REG. <b>3-1-61</b>
		26. REGISTRAR'S SIGNATURE <b>Ruth Song</b>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address Kansas City

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.