MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-012685
STATE FILE NUMBER

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 461

FILED MAY 15 1961

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. JOSEPH — Length of stay in 1b: 1 MONTH
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: STATE HOSPITAL # 2 — Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3343 TRACY AVENUE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: LILLIAN Middle: FRANCES Last: HORD
4. DATE OF DEATH: Month: MAY Day: 3 Year: 1961
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10/13/1900
9. AGE (last birthday): 60
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: ILLIAMS KATHERINE OVERB
11. BIRTHPLACE (City and state or country): GARLAND, KANSAS
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: LEVI J. WILLIAMS
13b. MOTHER'S MAIDEN NAME: KATHERINE OVERBECK
14. NAME OF HUSBAND OR WIFE: ELMER HORD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ----
17. INFORMANT: ELMER HORD Address: 3343 TRACY AVENUE KANSAS CITY, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
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): Alzheimer's Disease
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 May 2, 1961, to May 3, 1961 and last saw her alive on May 2, 1961
Death occurred at 12:25 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. F. Mundy MD
22b. ADDRESS: St. Joseph Mo.
22c. DATE SIGNED: May 3-1961

H.F. Mundy Medical Certification

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: MAY 6, 1961
23c. NAME OF CEMETERY OR CREMATORY: EVERGREEN CEMETERY
23d. LOCATION (City, town, or county) (State): FORT SCOTT KANSAS
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.
25. DATE RECD. BY LOCAL REG.: May 8, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MAY 15 1961

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_____ (Signed) Harold E. Echternacht
Signature of Student Embalmer

Licensed Embalmer No. 3035

P. O. Address [illegible]

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.