

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-017506

STATE FILE NUMBER

AMENDED

DATE AMENDED

REASONS FOR LEAD OF

BY AFFIDAVIT OF

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2261

FILED MAY 19 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in hospital or institution <u>94 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jackson County Emergency Hosp.</u>		d. STREET ADDRESS (If outside give location) <u>8505 E. 111th Street</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>Lee</u> Last <u>Hendrix</u>			4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/19/1900</u>	9. AGE (last birthday) <u>61</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Bellas Hess Forbes, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U. S. A.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>James Hendrix</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bertrum</u>	
14. NAME OF HUSBAND OR WIFE <u>Amy Martha Hendrix</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War One</u>		7. INFORMANT <u>Amy Martha Hendrix K.C., Mo.</u>	

13a. FATHER'S NAME <u>James Hendrix</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bertrum</u>		14. NAME OF HUSBAND OR WIFE <u>Amy Martha Hendrix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War One</u>		7. INFORMANT <u>Amy Martha Hendrix K.C., Mo.</u>		Address	

16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized arterio sclerosis</u>			
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	
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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.)	
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.			

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 April 11, 1961 to May 4, 1961 and last saw him alive on May 3, 1961
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE <u>Phillip Saper</u> (Degree or title)	22b. ADDRESS <u>Lee's Summit, Mo</u>	22c. DATE SIGNED <u>5/4/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/6/61</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>
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24. FUNERAL DIRECTOR <u>Normal Funeral Home</u> ADDRESS <u>K.C., Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>5-8-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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some of the work is done as a part of the course of instruction in the school of embalming

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, Mo.

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.