

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED MAY 29 1961
AMENDED

2315-017597
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF M. Nigro

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b- 50 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 Nursing Home 2700 Tracy INSTITUTION				d. STREET ADDRESS (If outside, give location) 1414 Locust		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BARNEY Middle - Last LaROCK				4. DATE OF DEATH Month 5 Day 11 Year 61			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-14-82	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Maker		10b. KIND OF BUSINESS OR INDUSTRY Machine Shops		11. BIRTHPLACE (City and state or country) Malone, New York		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Adolphus LaRock			13b. MOTHER'S MAIDEN NAME Mary "unknown"		14. NAME OF HUSBAND OR WIFE Adele Bryan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Address K.C., Mo. Mrs. Alice Gilbert: 7942 Belleview			
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) Bronchopneumonia						one month	
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) Asthma						unknown	
DUE TO (c) Arteriosclerotic Heart Disease						unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis of the liver						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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 4-10-1961 to 5-11-1961 and last saw him her alive on 5-11-61 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>M. Nigro</i>				22b. ADDRESS M.D. 1222 McGee St., Kansas City, Mo.		22c. DATE SIGNED 5-11-61	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5-13-61	23c. NAME OF CEMETERY OR CREMATORY Mount Washington Cem. Kansas City, Missouri		23d. LOCATION (City, town or county) (State)		
24. FUNERAL DIRECTOR Heilert Funeral Homes (S) 210, Mo.		25. LOCAL RECD. BY LOCAL REG. 5-12-61		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

(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 B. E. Weidert

Licensed Embalmer No. 4075

P. O. Address 208, 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.