

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

253261-017885
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

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

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
BY AFFIDAVIT OF
Walter R. Ives MEDICAL CERTIFICATION

FILED JUN 5 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in 1b 3 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2839 TROOST TROOST AVENUE NRS. HOME Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY JOHNSON
c. CITY OR TOWN OLATHE Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 612 E. PARK Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
FANNIE BELLE WORSNAM MAY 21 1961

5. SEX FEMALE 6. COLOR OR RACE CAUCASIAN 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH JUL 1 1882 9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC 11. BIRTHPLACE (City and state or country) MEXICO, MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME FRED W. NILES 13b. MOTHER'S MAIDEN NAME MARY ELEN ROBERTS 14. NAME OF HUSBAND OR WIFE JESSE JAMES WORSNAM

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT MRS MARY BELLE COU, OLATHE, KANS. Address 612 E. PARK

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION
DUE TO (b) CORONARY ARTERIO SCLEROSIS
DUE TO (c) GENERALIZED ARTERIO SCLEROSIS
INTERVAL BETWEEN ONSET AND DEATH 15 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.
 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 APRIL 9, 1961 to MAY 21 1961 and last saw her/him alive on 5-21-61
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Walter R Ives D.O. 22b. ADDRESS 2839 TROOST AVE 22c. DATE SIGNED 5-22-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAY 24, 1961 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY 23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO

24. FUNERAL DIRECTOR MUENLEBACH ADDRESS 6800 TROOST 25. DATE RECD. BY LOCAL REG. 5-22-61 26. REGISTRAR'S SIGNATURE Ruth Long

Walter Freshman
9:00 AM TILL 5:30 P.M.
at 2839 Duob

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 Robert Braun, Student Embalmer No. 635

working under my personal supervision.

Student Robert Braun
Signature of Student Embalmer

Signed Clare Campbell

Licensed Embalmer No. 4934

P. O. Address K. C. 14, 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.