

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 747 Primary Registration District No. 1002 Registrar's No. 2766

STATE FILE NUMBER

AMENDED **FILED JUN 21 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Frank Paul Laurence** MEDICAL CERTIFICATION

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) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>10 years</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>3200 Norledge</u> INSTITUTION <u>K.C. CONV. HOME</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3200 Norledge</u>			
3. NAME OF DECEASED (Type or print) First <u>Raymond</u> Middle <u>K.</u> Last <u>Knight</u>				4. DATE OF DEATH Month <u>June</u> Day <u>2</u> Year <u>1961</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>Cauc.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> <u>Separated</u> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN 2, 1878</u>			
9. AGE (last birthday) <u>83</u>		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) <u>Printer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Printing</u>		11. BIRTHPLACE (City and state or country) <u>New Hampshire</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Knight</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>Lela Knight - Separated</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Lela Knight 2008 W. 85 TERR.</u> Address				
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) <u>CORONARY Occlusion</u>							<u>1 day</u>		
DUE TO (b) <u>Arteriosclerosis</u>							<u>10 years</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		
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 _____ 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 <u>2.5.61</u> to <u>6.2.61</u> and last saw her alive on <u>6.2.61</u> Death occurred at <u>230 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Frank Paul Laurence MD</u> (Degree or title)				22b. ADDRESS <u>478 So White Ave</u>			22c. DATE SIGNED <u>6-2-61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 3, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>		23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u>		(State)	
24. FUNERAL DIRECTOR <u>Muehlebach</u>			ADDRESS <u>6800 TROOST</u>		25. DATE RECD. BY LOCAL REG. <u>6-3-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

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 _____

R. E. Nichols

Licensed Embalmer No. 4897

P. O. Address K. C. 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.