

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021405

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2792 STATE FILE NUMBER

FEB JUN 2 1 1961

1. PLACE OF DEATH: a. COUNTY Jackson b. CITY Kansas City Length of stay in 1b 9 Weeks c. FULL NAME OF INSTITUTION Baptist Hospital Inside Limits Yes [X] No [] 2. USUAL RESIDENCE: a. STATE Mo b. COUNTY Jackson c. CITY Lone Jack Inside Limits Yes [] No [X] d. STREET ADDRESS N.E. of Lone Jack Reside on Farm Yes [X] No []

3. NAME OF DECEASED: First Albert I. (Bert) Middle Paddock Last 4. DATE OF DEATH: Month June Day 2 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married [X] Never Married [] Widowed [] Divorced [] 8. DATE OF BIRTH 11-15-1884 9. AGE (last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION Clearical 10b. KIND OF BUSINESS OR INDUSTRY Court House 11. BIRTHPLACE Lone Jack, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jerry Paddock 13b. MOTHER'S MAIDEN NAME Martha Ailor 14. NAME OF HUSBAND OR WIFE Blanche, Paddock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No. 17. INFORMANT Mrs Blanche Paddock Lone Jack Mo. Address

18. CAUSE OF DEATH: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Excessive Chloroform DUE TO (b) Chloroform of the product DUE TO (c) 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 [X] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [X] 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-31-61 to 6-2-61 and last saw him alive on 6-2-61 Death occurred at 3:45 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm Morris M.D. (Degree or title) 22b. ADDRESS Raytown Clinic-Raytown, Mo. 22c. DATE SIGNED 6-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 6/4/1961 23c. NAME OF CEMETERY OR CREMATORY Sni Mills Cem. 23d. LOCATION (City, town, or county) Jackson County Mo. (State)

24. FUNERAL DIRECTOR Langsford Funeral Home ADDRESS Lee's Summit Mo. 25. DATE RECD. BY LOCAL REG. 6-5-61 26. REGISTRAR'S SIGNATURE Ruth Long

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Wm Morris

ITEM NO.

JAN 31 1962

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 W. B. Langford

Licensed Embalmer No. 3833

P. O. Address Fair Haven

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.