

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-024488

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 102

AMENDED

FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE		Length of stay in 1b 13 YEARS	c. CITY OR TOWN SMITHVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R.# 20 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SARAH M. RABB			4. DATE OF DEATH Month Day Year JULY 4 1961		
5. SEX FEMALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-84	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) DECATUR, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME LOU STRICKLAND		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE JOSEPH RABB	
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 Address JOSEPH RABB R.R. #20 K.C. 55 MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>2 yrs.</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) <u>Pulmonary Embolus</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 -----
20g. COUNTY -----		20h. STATE -----

21. I attended the deceased from July 1960 to July 4, 1961 and last saw her alive on July 4, 1961
Death occurred at: 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>David R. Cohen M.D.</u>	22b. ADDRESS <u>5 Smithville, Mo</u>	22c. DATE SIGNED <u>7-5-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 10, '61	23c. NAME OF CEMETERY OF CREMATOR MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY		(State) MISSOURI

24. FUNERAL DIRECTOR
P.W. NEWCOMER'S SONS 1331 BRUSH CREEK 7-8-61

25. DATE RECD. BY LOCAL REG. 7-8-61 26. REGISTRAR'S SIGNATURE Marguerite Rodgers

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 18 1961

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 Marvin D. Preston

Licensed Embalmer No. 5040

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.