

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025535

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3145

STATE FILE NUMBER

AMENDED

FILED JUL 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Carl H. Helcz

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Prairie Village	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 7440 Springfield	
3. NAME OF DECEASED (Type or print) Emma Thorp		4. DATE OF DEATH June 22, 1961	
5. SEX female	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 7-29-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
13a. FATHER'S NAME Jere T. Dew		13b. MOTHER'S MAIDEN NAME Julia Parkinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Julia A. Thorp	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hypostatic pneumonia		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
DUE TO (b) congestive heart failure		24 hrs.	
DUE TO (c) arteriosclerotic cardio vascular disease		15 yrs.	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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	COUNTY STATE
21. I attended the deceased from April 16, 1954 to June 22, 1961 and last saw her alive on 6-22-61 Death occurred at 3:45P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl H. Helcz</i> (Degree or title)		22b. ADDRESS 7329 Broadway	22c. DATE SIGNED 6-23-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6- 61	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24. FUNERAL DIRECTOR Wornall Funeral Home, Inc. K. C. Mo.		25. DATE RECD. BY LOCAL REG. 6-23-61	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

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

Russell N. Fran

Licensed Embalmer No. 4255

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.