

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 766

Primary Registration District No. 3026

Registrar's No. 379

61-025615
STATE FILE NUMBER

FILED AUG 1 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

| | | | | | |
|--|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | Length of stay in lb 1 WEEK | c. CITY OR TOWN KANSAS CITY | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM | | | d. STREET ADDRESS (If outside, give location) R.F.D. #3 5800 NOLAND ROAD | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First TRAYTON Middle BERNARD Last HEMSLEY | | | 4. DATE OF DEATH Month JULY Day 24 Year 1961 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/28/73 | 9. AGE (last birthday) 88 | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK | | 10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT | | 11. BIRTHPLACE (City and state or country) ENGLAND | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME SAM HENSLEY | | 13b. MOTHER'S MAIDEN NAME KATE UNKNOWN | | 14. NAME OF HUSBAND OR WIFE MRS. MAY HEMSLEY | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 17. INFORMANT Address MRS. MAY HEMSLEY 5800 NOLAND ROAD KANSAS CITY, 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) Corrigitive Heart Failure DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Fractured Pelvis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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 | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days Years 17 days |
| 19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION Independence | COUNTY Jackson | STATE Mo. | |
| 21. I attended the deceased from July 13, 1961 to July 24, 1961 and last saw ^{her} him alive on July 24, 1961 . Death occurred at 9:00 on the date stated above, and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE Oldest Erasske, M.D. (Degree or title) | | | 22b. ADDRESS Independence, Mo | | 22c. DATE SIGNED 7/24/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JULY 26, '61 | 23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY | 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI | | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | ADDRESS 1331 BRUSH CR. KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 7-26-61 | 26. REGISTRAR'S SIGNATURE Harold W. M.D. | | |

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indip 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.