

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4465 -61-032709
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4465

FILED SEP 25 1961

| | | | |
|---|---|---|---|
| 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 KANSAS CITY | | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 00 EAST 36TH STREET COLONIAL NURSING HOME | | d. STREET ADDRESS (If outside, give location) 4157 HARRISON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE ALLEN ADEY | | | 4. DATE OF DEATH Month Day Year AUGUST 7th 1961 |
| 5. SEX MALE | 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 2-24-85 |
| 9. AGE (last birthday) 76 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10. OCCUPATION (Give kind of work done during most of working life, even if retired) SHOP OWNER BARBER RETIRED | | 11. BIRTHPLACE (City and state or country) PARSONS KANSAS | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A | | 13. FATHER'S NAME ORPHAN - UNKNOWN | |
| 13b. MOTHER'S MAIDEN NAME ORPHAN - UNKNOWN | | 14. NAME OF HUSBAND OR WIFE ANNA, MAY ADEY | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE | | 17. INFORMANT Address Anna May Adey 4157 Harrison K.C. 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) Other sclerosis DUE TO (b) Senility DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 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 1930 to aug 7-61 and last saw him alive on aug 1, 61 Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Stephen A. Vestring M.D. | | 22b. ADDRESS 1220 E 31st | |
| 22c. DATE SIGNED 9-7-61 | | 23. LOCATION (City, town, or county) (State) | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE SEPT. 9, 1961 | |
| 23c. NAME OF CEMETERY OR REPOSITORY FOREST HILL CEMETERY | | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | |
| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo | | 25. DATE RECD. BY LOCAL REG. 9-8-61 | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Stephen A. Vestring**

ITEM NO. SHOULD READ

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 *Louis Sweet*

Licensed Embalmer No. 7096

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.