

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032899

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4434

STATE FILE NUMBER

AMENDED

FILED SEP 20 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		Length of stay in lb 51 YEARS 10-DAYS	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 ST. LUKES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 448 E. MEYER BLVD.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RUTH Middle ADAIR Last HESS			4. DATE OF DEATH Month SEPT. Day 3 Year 1961			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-13-97	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STENOGRAPHER		10b. NAME OF BUSINESS OR INDUSTRY SLATER TILE & MANTEL COMPANY	11. BIRTHPLACE (City and state or country) WAY COUNTY, KANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JOHN ROBERT HESS		13b. MOTHER'S MAIDEN NAME FREIDA OBERST		14. NAME OF HUSBAND OR WIFE ----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT 448 E. MEYER BLVD. MRS. ESTHER COCKRELL, KANSAS CITY.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia					INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Glomerulonephritis					4 yrs +	
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Generalized				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		
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. 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from June 1960 - Sept 3, 61 and last saw her Sept 3, 1961 Death occurred at 6:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Arnold V. Arms M.D.			22b. ADDRESS 4635 Wyandotte K. City Mo		22c. DATE SIGNED 9-5-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-6-61	23c. NAME OF CEMETERY OR PLACE OF BURIAL FOREST HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
24. FUNERAL DIRECTOR 1331 Bursbrook Blvd. D. W. Newcomer; Sons Kansas City		25. DATE RECD. BY LOCAL REG. 9-6-61	26. REGISTRAR'S SIGNATURE Arthur Long			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 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

Edward M. Stone

Licensed Embalmer No. 4452

P. O. Address K. C. 10th St.

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.