SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-041068

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 001 Registrar's No. 5630

FILED DEC 1 1961

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City

Length of stay in 1b: 2 weeks

c. CITY OR TOWN Kansas City

Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hospital

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 2403 South 55 th St.

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Hazel Middle: Last: Hardy

4. DATE OF DEATH Month Day Year: November 10, 61

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/19/86

9. AGE (last birthday): 75

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HR: 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: Home

11. BIRTHPLACE (City and state or country): Wyandotte, Kansas

12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: J. Flowers

13b. MOTHER'S MAIDEN NAME: Katherine Wylie

14. NAME OF HUSBAND OR WIFE: Edward Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): none

17. INFORMANT: Mr. Edward Hardy Address: Home

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Carcinoma of Stomach

DUE TO (c):

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10/31/61 to 11-10-61 and last saw her/him alive on 11-9-61

Death occurred at Menorah Hosp 11/10/61 5a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. J. Printz (Degree or title) M.D.

22b. ADDRESS: 701 E 63rd St

22c. DATE SIGNED: 11/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: November 10 1961

23c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: R.A.Fulton ADDRESS: 1319 N. 18 th St. Kansas City, Kansas

25. DATE RECD. BY LOCAL REG.: 11-10-61

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ INSTEAD OF DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

J. Printz

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 Ralph Fulton

Licensed Embalmer No. 3503

P. O. Address KCK

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.