

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-044640

AMENDED

FILED DEC 22 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6172

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 61 Yrs.		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 Osteopathic Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3425 Chippewa Drive		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First GOLDIA Middle B. Last DONALDSON			4. DATE OF DEATH Month December Day 7 Year 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 6-4-1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Harper, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Andrew T. Barton			13b. MOTHER'S MAIDEN NAME Ida D. Gorman			14. NAME OF HUSBAND OR WIFE Edward M. Donaldson			
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 E. Barton Donaldson 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) Uremia and Shock								INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chronic Pyelonephritis and traumatic injuries						6 days	
		DUE TO (c) Bilateral Ureteral Stenosis and accident						years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity; Fatty degeneration of Liver; Gastric Ulcer with hemorrhage							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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Patient fell getting out of car.						
20c. TIME OF INJURY Hour 6:30 P. a.m. m.p.m. Month, Day, Year 12 1 61									
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.) In front of home.		20f. CITY, TOWN, OR LOCATION North Kansas City, Clay		COUNTY Mo.		STATE	
21. I attended the deceased from Dec. 1-1961 to Dec. 7, 1961 and last saw her alive on Dec. 6, 1961 Death occurred at Dec. 7, 1961 1:30PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Clyde M. Smith M.D.					22b. ADDRESS Liberty, Mo.		22c. DATE SIGNED 12-8-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-9-61	23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. (State)		
24. FUNERAL DIRECTOR Freeman Mortuary			ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 12-8-61		26. REGISTRAR'S SIGNATURE Ruth Long		

ITEM NO. SHOULD READ

BY AFFIDAVIT OF
Clyde M. Smith

JUN 18 1962

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

Clayton K. Barnes

Licensed Embalmer No. 4793

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.