

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-045091

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **6452** STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY COLE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 MONTHS	c. CITY OR TOWN RUSSELLVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3022 PARK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHRISTINA TEMPLETON			4. DATE OF DEATH Month Day Year DEC 24 1961			
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5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/30/1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) OLEAN, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME T. B. HICKS	13b. MOTHER'S MAIDEN NAME GEMINA WYRICK	14. NAME OF HUSBAND OR WIFE R. F. TEMPLETON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT 3022 PARK Address MR. RONALD G. GORDON, KANSAS CITY MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) PNEUMONIA		2 WKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) MYOCARDITIS	4 WKS
	DUE TO (c) ARTERIOSCLEROSIS	5 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ASCITES	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
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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.)
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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
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21. I attended the deceased from **OCT 1961** to **DEC 1961** and last saw her alive on **DEC 23, 1961**
Death occurred at **4:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) N. A. Cunningham M.D.	22b. ADDRESS 5018 E 24 ST Kansas City Mo	22c. DATE SIGNED Dec 24 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-24-61	23c. NAME OF CEMETERY OR CREMATORY Ante ENLOE CEM RUSSELLVILLE MO	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 12-25-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AWIENVED

INVESTIGATOR

DOCUMENT

BY AFFIDAVIT OF

A. Cunningham M.D. MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

MS APR 25 1958

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.G. 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.