

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

61-47933

AMENDED 2278 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1474 STATE FILE NUMBER

**FILED APR 2 1962**

1. PLACE OF DEATH  
 a. COUNTY **Jackson**  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **3 hours**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Conley Maternity Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Jackson**  
 c. CITY OR TOWN **Kansas City** Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) **8317 E. 80th Terr.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
**NANCY ELIZABETH SUPPENBACH**  
 4. DATE OF DEATH Month Day Year  
**Dec. 22, 1961**

5. SEX **Female** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **12/22/61** 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days Hours Min. **3**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **K. C., Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Earl Lee Suppenbach** 13b. MOTHER'S MAIDEN NAME **Nancy Jean Wilson** 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) **—** 16. SOCIAL SECURITY NO. **—** 17. INFORMANT Address **Nancy Jean Suppenbach 8317 E. 80th. Perm.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Hydrocephalus**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Intracranial pressure due to**  
 DUE TO (c) **Hydrocephalus and Cerebral Hemorrhage**  
 INTERVAL BETWEEN ONSET AND DEATH **Present before birth**  
**Same**  
**Same**

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 **12/22/61** to **12/22/61** and last saw her alive on **12/22/61**  
 Death occurred at **2:54 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Jarothy M. Watkins, D.O.** 22b. ADDRESS **809 N. Lexington Independence, Missouri** 22c. DATE SIGNED **2/28/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE **12/22/61** 23c. NAME OF CEMETERY OR CREMATORY **K.C.C.O.S. 2105 Independence Ave., K. C., Mo.** 23d. LOCATION (city, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. **3-13-62** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE RECEIVED  
 BY AFFIDAVIT OF  
 JAROTHY M. WATKINS  
 MEDICAL CERTIFICATION

DOCUMENT

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.