

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-006572

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 761

STATE FILE NUMBER

FILED FEB 28 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 70 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Gladstone Nursing		d. STREET ADDRESS (If outside, give location) 435 Gladstone Blvd	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Clara Middle Kimball Last Kimball			4. DATE OF DEATH Month Feb. Day 8 Year 1962			
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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 10-12-1890	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 1 Days 17	IF UNDER 24 HR Hours 17 Min. 17
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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 Home	11. BIRTHPLACE (City and state or country) Frankfort, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME W. H. Caesar	13b. MOTHER'S MAIDEN NAME Do not know	14. NAME OF HUSBAND OR WIFE Dan Kimball
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mr. D. L. Kimball, 4711 E. 47th	17. Address Teri No. K. C. 17
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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 1 day
IMMEDIATE CAUSE (a)	CORONARY Occlusion	
DUE TO (b)	Chronic Myocarditis	
DUE TO (c)	Arteriosclerosis	10 years
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. <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.)
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20c. TIME OF INJURY Hour a.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 2-1-62 to 2-8-62 and last saw her/him alive on 2-8-62 Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Frank Paul Lawrence (Print name or title)	22b. ADDRESS 428 South White Ave	22c. DATE SIGNED 2-8-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-10-1962	23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
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24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc	25. DATE RECD. BY LOCAL REG. 2-9-62	26. REGISTRAR'S SIGNATURE Ruth Long
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Blue Ridge & Gregory (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence, M.D. MEDICAL CERTIFICATION

