

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006593

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 881 STATE FILE NUMBER

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>65 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PARSON NURSING</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3433 PARSON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ANNE MARIE LINDSAY FEBRUARY 19 1962

5. SEX FEMALE 6. COLOR OR RACE CAUC. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-16-1877 9. AGE (last birthday) 90 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER. 10b. KIND OF BUSINESS OR INDUSTRY NO 11. BIRTHPLACE (City and state or country) COUNTY CLARE IOWA 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE VICTOR LINDSAY

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 JAMES GLEESON JR. 3129 FLORA K.C. MO. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Terminal Broncho-pneumonia INTERVAL BETWEEN ONSET AND DEATH 2 days
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Foreign body in esophagus 9 days
 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 Feb. 4, 1962 to Feb. 13, 1962 and last saw her alive on Feb. 11, 1962
 Death occurred at 6 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth G. Davis, M.D. 22b. ADDRESS 201 Plaza Theater Bldg Kansas City, Mo 22c. DATE SIGNED 2-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE Feb. 16-1962 23c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S 23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR Musklebach ADDRESS 6800 TROST 25. DATE RECD. BY LOCAL REG. 2-14-62 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF Kenneth G. Davis MEDICAL CERTIFICATION

Dr. Kenneth J. Davis M.D.
Plaza Theater Bldg.

20 1-11-04
1-5:30

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 Danny C. Kerns, Student Embalmer No. 647
working under my personal supervision.

Student Danny C. Kerns Signed C. D. Nelson
Signature of Student Embalmer

Licensed Embalmer No. 4421

P. O. Address Kansas City, 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.