

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-006799
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 122

AMENDED

FILED MAR 14 1962

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in 1b 6 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 White Haven Nursing Home 819 South Main			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4518 Blue Ridge Blvd.	
3. NAME OF DECEASED (Type or print) First Anna Middle Agnes Last Horner			4. DATE OF DEATH Month March Day 5 Year 1962		
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 12-25-1884	9. AGE (last birthday) 77 Yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Austria	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Pauch		13b. MOTHER'S MAIDEN NAME Mary Dretchnik		14. NAME OF HUSBAND OR WIFE Frank Horner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Elizabeth Bedenik 4518 Blue Ridge Blvd.		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral vascular collapse					INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					months
DUE TO (b) Cerebral anoxia					years
DUE TO (c) Cerebral arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.)			
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	
21. I attended the deceased from April 1961 to 3-5-62 and last saw her alive on 3-4-62 Death occurred at 7:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Phillip Riccardo D.O.			22b. ADDRESS 1206 W. Highway 24th Indep.		22c. DATE SIGNED 3-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	3-8-62	Forest Hill		Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Missouri			25. DATE RECD. BY LOCAL REG. 3-8-62	26. REGISTRAR'S SIGNATURE Alba L. Craig	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED: **3/26/62**

INSTEAD OF: **3/6/62**

DOCUMENT: **Attendant**

MEDICAL CERTIFICATION

BY AFFIDAVIT OF: **3/5/62**

ITEM NO. SHOULD READ

MAR 14 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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City

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.