

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015167
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 1962

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 20 1962

VS 300
Rev. 4/59

1

2 3818

3

4 1

5 1

6

7 1

8 0

9 443XF

10

11

12 66=0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Philip G. Kauf

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE MO.		b. COUNTY JACKSON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKES HOSPITAL		Length of stay in 1b 40 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ANNA GORDON CUTLER		4. DATE OF DEATH APRIL 7 1962		d. STREET ADDRESS (If outside, give location) 5625 HIGHLAND AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-14-83	
9. AGE (last birthday) 78		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) CHICAGO, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME DR. JAMES A. TONGE, M.D.		13b. MOTHER'S MAIDEN NAME MIRA A. JOHNSON		14. NAME OF HUSBAND OR WIFE FRED R. CUTLER	
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 FRED R. CUTLER		Address 5625 HIGHLAND AVENUE KANSAS CITY, MO.	
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) Pulmonary edema, acute & biventricular - 1 day.							
DUE TO (b) Heart Failure							
DUE TO (c) Arteriosclerotic & Hypertensive Cardiovascular Disease						15 Yrs.	
DUE TO (c) General Arteriosclerosis						15-20 Yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus - 15 Yrs.						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	
② Recent Hip fracture.							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 7 Dec. 1961 to 7 April 62 and last saw her <input checked="" type="checkbox"/> him <input type="checkbox"/> alive on 6 April 1962		Death occurred at 1:05 A. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Philip G. Kauf				22b. ADDRESS #320 Wornall Rd		22c. DATE SIGNED 4-7-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APR. 9, 1962		23c. NAME OF CEMETERY OR CREMATORIUM MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CR. KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 4-9-62		26. REGISTRAR'S SIGNATURE Ruth Long	

Dr. Peck, Public Health Dept. 2338
Suite 2124 - 4320 Harvard Blvd

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 Norman W. Pearson

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.