MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023017

STATE FILE NUMBER

FILED JUL 6 1962

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3120

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 3968
3
4 1
5 0
6
7 1
8 0
9 9
10 8
11
12 50-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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: 15 Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP — Inside Limits Yes X 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 X No ☐
d. STREET ADDRESS (If outside, give location) 2810 EAST 81st STREET — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First KATHY Middle JANE Last FAUGHN

4. DATE OF DEATH Month JUNE Day 13th Year 1962

5. SEX FEMALE

6. COLOR OR RACE CAUCASIAN

7. Married ☐ Never Married X Widowed ☐ Divorced ☐

8. DATE OF BIRTH 1-18-61

9. AGE (last birthday) 17 MONTHS — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE-INFANT

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (City and state or country) MARSHALL ARKANSAS

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME JOHN FAUGHN

13b. MOTHER'S MAIDEN NAME JEAN BALENTINE

14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO (If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT JOHN FAUGHN, 2810 E. 81st St. 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) Burns, 1°, 2°, 3° — INTERVAL BETWEEN ONSET AND DEATH 5-6 h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 June 12, 1962, to June 13, 1962 and last saw her alive on June 12, 1962
Death occurred at 2:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William R. Doherty (Degree or title) MD

22b. ADDRESS 3108 W. 75th St. Prairie Village, Ks

22c. DATE SIGNED 6-13-62

William R. Doherty MD

MEDICAL CERTIFICATION

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 6-13-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) MARSHALL (State) ARKANSAS

24. FUNERAL DIRECTOR D. W. Newcomer's Sons ADDRESS 1331 Brush Creek Blvd. Kansas City Mo

25. DATE RECD. BY LOCAL REG. 6-13-62

26. REGISTRAR'S SIGNATURE Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

Dr. William P. Doherty
St. Mary's Hospital - front desk - [illegible]
11:30

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold L. Ettermacht

Licensed Embalmer No. 3035

P. O. Address [illegible] Kansas.

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.