MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2944-62-023343
STATE FILE NUMBER

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

FILED JUN 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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: 1 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 101 West 36th Street New Hope Rest Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Leavenworth
c. CITY OR TOWN: Basehor
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MARY Middle: B. Last: PETHERBRIDGE
4. DATE OF DEATH: Month June Day 1 Year 1962
5. SEX: Female
6. COLOR OR RACE: Cauc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5/1/1876
9. AGE (last birthday): 86
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): Homemaker-At Home
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Mifflin Town, Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: David Rickenbaugh
13b. MOTHER'S MAIDEN NAME: Martha Basehor
14. NAME OF HUSBAND OR WIFE: Ripley M. Petherbridge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Opal M. Swarner Address: 6238 Lackman Shawnee, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) arterio sclerotic cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: ? yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) generalized arterio sclerosis — ? yrs
DUE TO (c) advanced age -
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 March-62, to June 1-62 and last saw (he) him alive on June 1-62
Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R Paul Wright M.D. (Degree or title)
22b. ADDRESS: Kansas City-6-Mo. 1324 Prof. Bldg
22c. DATE SIGNED: June 2-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: June 2, 1962
23c. NAME OF CEMETERY OR CREMATORY: Glennwood Cemetery
23d. LOCATION (City, town, or county): Basehor (State): Kansas

24. FUNERAL DIRECTOR: D.W.Newcomer'sSons, ADDRESS: 1331 Brush Creek Blvd. Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 6-3-62
26. REGISTRAR'S SIGNATURE: Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

R.P. Wright

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	8150- X		
3			
4	1		
5	2		
6			
7	1		
8	0		
9	422.1		
10			
11			
12	86- 0		
13			

BY AFFIDAVIT OF — DOCUMENT

MEDICAL CERTIFICATION

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_____ Signed Harold L. Echternacht
Signature of Student Embalmer

Licensed Embalmer No. 3035

P. O. Address St. C. 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.

Sr. Paul Wright
Information Dept. St. Joseph's Hospital