

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042702

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5815

FILED NOV 29 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <p style="text-align: center; font-size: 18pt;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center; font-size: 18pt;">Mo.</p>		b. COUNTY <p style="text-align: center; font-size: 18pt;">Jackson</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center; font-size: 18pt;">Kansas City</p>		Length of stay in 1b <p style="text-align: center; font-size: 18pt;">72 yrs.</p>		c. CITY OR TOWN <p style="text-align: center; font-size: 18pt;">Kansas City</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p style="text-align: center; font-size: 18pt;">5711 Oak</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center; font-size: 18pt;">5711 Oak</p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center; font-size: 18pt;">MABEL LOUISE HURLEY</p>		4. DATE OF DEATH Month Day Year <p style="text-align: center; font-size: 18pt;">November 18 1962</p>			
5. SEX <p style="text-align: center; font-size: 18pt;">Female</p>	6. COLOR OR RACE <p style="text-align: center; font-size: 18pt;">White</p>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center; font-size: 18pt;">2-17-1878</p>	9. AGE (last birthday) <p style="text-align: center; font-size: 18pt;">84</p>	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) <p style="text-align: center; font-size: 18pt;">House wife</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center; font-size: 18pt;">At home</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center; font-size: 18pt;">St. Paul Kansas</p>	
12. CITIZEN OF WHAT COUNTRY <p style="text-align: center; font-size: 18pt;">U. S. A.</p>		13a. FATHER'S NAME <p style="text-align: center; font-size: 18pt;">Edward Kaiser</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center; font-size: 18pt;">Susan Smith</p>	
14. NAME OF HUSBAND OR WIFE <p style="text-align: center; font-size: 18pt;">John J. Hurley</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center; font-size: 18pt;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center; font-size: 18pt;">none</p>	
17. INFORMANT Address <p style="text-align: center; font-size: 18pt;">Mrs. Jean Ann Jordan, 412 E. 59</p>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center; font-size: 18pt;">Arteriosclerotic Heart Disease</p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center; font-size: 18pt;">5 years</p>	
DUE TO (b) <p style="text-align: center; font-size: 18pt;">Sudden Death either due</p>		DUE TO (c) <p style="text-align: center; font-size: 18pt;">to Arrhythmia or Infarction</p>			
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. <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 <u>Jan 1959</u> , to <u>Nov 18 62</u> and last saw her alive on <u>Nov 12, 62</u> - Death occurred at <u>5 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <p style="text-align: center; font-size: 18pt;">D. Bennett M.D.</p>		22b. ADDRESS <p style="text-align: center; font-size: 18pt;">409 E 63rd K.E. Mo</p>	
22c. DATE SIGNED <p style="text-align: center; font-size: 18pt;">11/19/62</p>		23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center; font-size: 18pt;">Burial</p>		23b. DATE <p style="text-align: center; font-size: 18pt;">11-21-62</p>	
23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center; font-size: 18pt;">Calvary Cemetery</p>		23d. LOCATION (City, town, or county) <p style="text-align: center; font-size: 18pt;">Kansas City, Missouri</p>			
24. FUNERAL DIRECTOR <p style="text-align: center; font-size: 18pt;">Melody-McGilley-Eylar</p>		ADDRESS <p style="text-align: center; font-size: 18pt;">Woodland</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center; font-size: 18pt;">11-19-62</p>	
26. REGISTRAR'S SIGNATURE <p style="text-align: center; font-size: 18pt;">Ruth Song</p>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Mr. J. D. Bennett
409 E. 63rd
Em 1-0660

Mon: 12:30 to 5:00

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 Gerald A. Buyer

Licensed Embalmer No. 4763

P. O. Address K. C., 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.