

CERTIFICATE OF DEATH

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6574

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>Anna R. Hines</u>		<u>Female</u>	3. <u>December 3, 1969</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <u>Negro</u>	5a. <u>55</u>	5b. <u>MOS.</u> <u>DAYS</u>	6. <u>Aug. 2, 1914</u>
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. <u>Kansas City</u>		7c. <u>Yes</u>	7d. <u>Menorah Medical Center</u>
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. <u>Missouri</u>		9. <u>USA</u>	10. <u>Divorced</u>
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. <u>Unknown</u>		13a. <u>Housekeeping</u>	13b. <u>Hospital</u>
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)
14a. <u>Missouri</u>	14b. <u>Jackson</u>	14c. <u>Kansas City</u>	14d. <u>Yes</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <u>Ralph Hines</u>		16. <u>Anna Shepherd</u>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. <u>Anna Prince</u>		17b. <u>221 S. Main St. Liberty, Missouri</u>	
PART I. DEATH WAS CAUSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) <u>Uremia</u>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <u>Chronic Renal Failure</u>			
DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
			19a. <u>NO</u>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK
CERTIFICATION—PHYSICIAN:		AND LAST SAW <input checked="" type="checkbox"/> HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.
21a. <u>Oct. 27, 69</u> TO <u>Dec. 3, 69</u>		21c. <u>Dec. 3, 69</u>	21d. <u>-</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD
22a.		22b. <u>Dec. 3</u>	22c. <u>12:02 P.M.</u>
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. <u>SATISH MEHTA</u>		23b. <u>Satish Mehta</u>	23c. <u>M.D.</u>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN
23d. <u>MENORAH MED. CENTER, KANSAS</u>		23e. <u>MO.</u>	23f. <u>64110</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
24a. <u>Burial</u>	24b. <u>Fairview</u>	24c. <u>Liberty, Mo.</u>	24d. <u>Dec 6-1969</u>
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24e. <u>Dec 6-1969</u>	24f. <u>Funeral Archway</u>		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25a. <u>John Ambrose</u>	25b. <u>John Ambrose</u>	25c. <u>12-5-69</u>	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

582X.

### 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 John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.