

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025047

FILED VS JUL 27 1959 49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3336 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>34 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>127 S. Kensington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Howard</u> Last <u>Clark</u>			4. DATE OF DEATH Month <u>7</u> Day <u>7</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 25-1902</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Bates County Ark</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Clark</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Hill</u>	
14. NAME OF HUSBAND OR WIFE <u>Rachel Clark</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-12-0730</u>	
17. INFORMANT <u>Rachel Clark</u>		Address <u>127 S. Kensington</u>		City <u>K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u>					
DUE TO (c) <u>Hypertension + Arteriosclerosis</u>					
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 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.		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 <u>KANSAS CITY</u>		COUNTY <u>JACKSON</u> STATE <u>MO.</u>	
21. I attended the deceased from <u>7-6-59</u> to <u>7-7-59</u> and last saw her/him alive on <u>7-6-59</u> Death occurred at <u>8:30 AM 7-7-59</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joseph M. Masucci M.D.</u>			22b. ADDRESS <u>318 Argyle Bldg</u>		22c. DATE SIGNED <u>7-8-59</u>
23a. BURIAL, CREMATION, RECOVERY (Specify)	23b. DATE <u>7/9/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
24. FUNERAL DIRECTOR <u>C. D. Blackman & Son</u>		ADDRESS <u>201 N. K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshel</u>

DOCUMENT

MEDICAL CERTIFICATION

JOSEPH M. MASUCCI

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address N.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.