

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029255

FILED VS SEP 1 1959 / 187

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. **3954**

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 1 yr.	a. STATE Missouri b. COUNTY Jackson	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2940 Baltimore		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2940 Baltimore	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First GEORGIA	Middle MAY	Last PARIS	Month August	Day 14,	Year 1959	

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-1895	9. AGE (last birthday) 64	IF UNDER 1 YEAR	IF UNDER 24 HR
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Morse, Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	---	---

13a. FATHER'S NAME Charles Henry Thorpe	13b. MOTHER'S MAIDEN NAME Lillie May King	14. NAME OF HUSBAND OR WIFE Louis Paris, dec'd.
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Earl Osborn, Kansas City, Mo.
--	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary Occlusion		
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. <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.	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 _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i>	22b. ADDRESS <i>1034 Reath Bldg</i>	22c. DATE SIGNED <i>8-14-59</i>
---	---	---

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-17-59	23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	23d. LOCATION (City, town, or county) (State) Jackson County, Missouri
---	------------------------------------	--	---

24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.	25. DATE RECD. BY LOCAL REG. <i>8-14-59</i>	26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i>
--	---	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. Kenneth Patten

Licensed Embalmer No. 4697

P. O. Address: Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.