

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031775

REGISTRATION DISTRICT No. 6 1959 72

Primary Registration District No. 3013 Registrar's No. 163

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Kan</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give DOWNSHIP only) OR TOWN <u>No. Kansas City</u>	Length of stay in 1b <u>3 hr</u>	c. CITY OR TOWN <u>Kansas City, Kan</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>Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2416 Strong</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>George A. CORP</u>			4. DATE OF DEATH Month Day Year <u>OCT. 1. 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>12-25-1896</u>	9. AGE (last birthday) <u>62</u>	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) <u>Card Inspector, Burlington P.P.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockton Mo</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Corp</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Corp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u>		16. SOCIAL SECURITY NO. <u>WWT</u>		17. INFORMANT <u>Mrs. Hazel Corp</u> Address	

18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure, Acute Coronary Occlusion, Acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>min</u> <u>min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>min.</u>	
		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		
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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		COUNTY	STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 1:24 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>State MD Coroner</u>		22b. ADDRESS <u>North Kansas City Mo</u>		22c. DATE SIGNED <u>10/1/59</u>
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10/1/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FT LEAVENWORTH</u>	23d. LOCATION (City, town, or county) (State) <u>FT LEAVENWORTH, KS.</u>	
24. FUNERAL DIRECTOR <u>D.H. Newcomer, N.K.C. MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Marquerite Hudgens</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 1959

VS OCT 14 1959

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 John V. Henricks

Licensed Embalmer No. 30848

P. O. Address. K. 6. 172

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.