

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032257

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4687 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> COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <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>LAKE SIDE HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>218 SOUTH MONROE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GERTRUDE</u> Middle <u>ANNABELLE</u> Last <u>BURT</u>			4. DATE OF DEATH Month <u>SEPT.</u> Day <u>24</u> Year <u>1959</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR 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>6/5/1900</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months - Days - Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>JOHNSON CITY, TENN.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>HARRY BURT</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>*****</u>		17. INFORMANT <u>HARRY BURT</u> Address <u>218 S. MONROE 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:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute Pericarditis</u>				<u>3 HRS.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cardiovascular Accident</u>		<u>8 HRS.</u>	
		DUE TO (c) <u>Generalized Arteriosclerosis</u>		<u>5 Years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiovascular Accident Renal Syndrome</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <u>No</u> <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 checked="" 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 Jan. 15-1956 to Sept. 24-1959 and last saw her live on Sept. 24-1959
Death occurred at 5.P. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>Myron Auld Jr. D.O.</u>		22b. ADDRESS <u>3504 Trach Ave Kansas City, Mo</u>		22c. DATE SIGNED <u>9-27-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>FUNERAL</u>	23b. DATE <u>SEPT. 28, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT; WASHINGTON</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>J. C. H. BLACKMAN SON INC; K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-28-59</u>	26. REGISTRAR'S SIGNATURE <u>New Marshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Myron Auld Jr.

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address K.C. Mo.

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