URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040553

STATE FILE NUMBER

FILED VS NOV 3 0 1959 150

Registration District No. _____ Primary Registration District No. 4239 Registrar's No. 258

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lee's Summit — Length of stay in Ib 1 Yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 East 5th. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Lee's Summit — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10 East 5th, St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Kathy Middle: May Last: Ross

4. DATE OF DEATH Month Nov. Day 20 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Nov. 22 1958
9. AGE (last birthday) IF UNDER 1 YEAR Months 11 Days 28 IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Thomas E. Ross
13b. MOTHER'S MAIDEN NAME Lois Vonier
14. NAME OF HUSBAND OR WIFE ********

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Thomas E. Ross Address Lee's Summit Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute lymphatic leukemia — 2 mos.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Acute Pneumonitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 22 Nov. 1958, to 20 Nov. 1959 and last saw her alive on 20 Nov. 1959.
Death occurred at 11:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. D. Dunnell M. D.
22b. ADDRESS 18 E. 3rd St. Lee's Summit, Mo.
22c. DATE SIGNED 11/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11/21/1959
23c. NAME OF CEMETERY OR CREMATORY Hackney Cem.
23d. LOCATION (City, town, or county) (State) Jasper County Mo.

24. FUNERAL DIRECTOR ADDRESS Langsford Funeral Home Lee's Summit Mo.
25. DATE RECD. BY LOCAL REG. 11-21-59
26. REGISTRAR'S SIGNATURE M. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3833

P. O. Address _____

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