URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 044165

FILED VS DEC 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5837 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas city — Length of stay in 1b: 2 Mo.

c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Albritton Nursing Home 3001 Woodland X — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 522 Washington Blvd — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Maud Middle: Last: Foster

4. DATE OF DEATH Month: 12 Day: 2 Year: 59

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-27-1888

9. AGE (last birthday): 71

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): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Eureka Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Kerns

13b. MOTHER'S MAIDEN NAME: Mary Bowens

14. NAME OF HUSBAND OR WIFE: William Foster

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.: 486-10-3776 D

17. INFORMANT: Bertha McGrew Address: 1139 Greeley K.C.K/

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 days

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): Generalized Arteriosclerosis

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 ☐ Neither

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year None

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.) None

20f. CITY, TOWN, OR LOCATION ~~Kansas~~ COUNTY ~~Jackson~~ STATE ~~Mo~~

21. I attended the deceased from 3 Oct 59, to 2 Dec 59 and last saw her/him alive on 2 Dec 59

Death occurred at 915 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John H Wells (Degree or title) MD

22b. ADDRESS 4011 Linwood Blvd

22c. DATE SIGNED 4 Dec 59

BY AFFIDAVIT OF John H. Wells

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-5-59

23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City Mo

24. FUNERAL DIRECTOR: Nathan W. Thatcher ADDRESS: K.C.K.

25. DATE RECD. BY LOCAL REG.: 12-4-59

26. REGISTRAR'S SIGNATURE: Irene Mendhall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clifford L. Woods

Signature of Student Embalmer

Licensed Embalmer No. 3106

P. O. Address 1520 N.5

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