

**DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JAN 19 1960

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UNRECORDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6292-59-046825 STATE FILE NUMBER

|  |  |   |  |   |   |   |  |                                     |  |
|--|--|---|--|---|---|---|--|-------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Clay</u> |   |   |  |                                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>  |  | Length of stay in lb<br><u>30 days</u>  |  | c. CITY OR TOWN<br><u>Gladstone</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |                                     |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>St. Marys Hospital</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>2800 E. 63rd Terr. Mo</u>       |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                     |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Kathi Ann Orlando</u>   |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>12-29-59</u>   |   |   |  |                                     |  |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>w.</u>          | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>2-1-1959</u>   | 9. AGE (last birthday)<br>IF UNDER 1 YEAR<br>Months Days Hours Min.<br><u>10 28</u> |   | IF UNDER 24 HR   |                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>none</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Child</u>                                    |   | 11. BIRTHPLACE (City and state or country)<br><u>Kansas City, Mo. U.S.</u>          |   | 12. CITIZEN OF WHAT COUNTRY  |                                     |  |
| 13a. FATHER'S NAME<br><u>Tommy Orlando, Jr</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Salvia Gene Knot</u>                                 |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>none</u>  |  |                                     |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  |   | 16. SOCIAL SECURITY NO.<br><u>none</u>   |   | 17. INFORMANT<br><u>Father - Tony Orlando</u>                                       |   | Address <u>Gladstone Mo.</u>   |                                     |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>AC. LYMPHATIC LEUKEMIA</u>  |  |   |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 Mo.</u>                           |                                     |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |                                     |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input 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<br>Hour a.m. p.m.<br>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 <u>10/23/59</u> to <u>12/29/59</u> and last saw her/him alive on <u>12/29/59</u><br>Death occurred at <u>3:50 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |   |   |  |                                     |  |
| 22a. SIGNATURE<br><u>Theron F. Edwards</u> (Degree or title)   |  |   |  | 22b. ADDRESS<br><u>379 Ansonia Rd. N.E. K.C. Mo.</u>  |   |   |  | 22c. DATE SIGNED<br><u>12/31/59</u> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 23b. DATE<br><u>12-31-59</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>White Chapel</u>                            |   | 23d. LOCATION (City, town, or county)<br><u>Gladstone Mo.</u>                       |   |  |                                     |  |
| 24. FUNERAL DIRECTOR<br><u>D. W. Newcomer's Sons</u> ADDRESS <u>N.K. S.</u>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><u>12-31-59</u>                                      |   | 26. REGISTRAR'S SIGNATURE<br><u>Neva Minshall</u>                                   |   |  |                                     |  |

DOCUMENT

BY AFFIDAVIT OF

Theron F. Edwards MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *John P. Henrich, Jr.*

Licensed Embalmer No. 4848

P. O. Address K.B. 17

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.