

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001514

FILED VS FEB 4 1960 149

Registration District No. 1002 Registrar's No. 357

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>25 years</b>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, K.C., MO.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7323 Park Road</b>	
3. NAME OF DECEASED (Type or print) First <b>HARRY</b> Middle <b>CLAY</b> Last <b>DRURY</b>			4. DATE OF DEATH Month <b>JANUARY</b> Day <b>19,</b> Year <b>1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-8-97</b>	9. AGE (last birthday) <b>62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MODERN MERCANTILE</b>	11. BIRTHPLACE (City and state or country) <b>BILLINGS, OKLAHOMA</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>JACK DRURY</b>		13b. MOTHER'S MAIDEN NAME <b>Louise BRUSSOW</b>		14. NAME OF HUSBAND OR WIFE <b>KATHERINE DRURY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>487-01-2654</b>	17. INFORMANT <b>MRS KATHERINE DRURY 7323 Park Rd, K8, Mo</b> <b>Official Records VA Hospital, K.C., Mo.</b>		
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) <b>Pulmonary congestion and edema</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Mitral and aortic calcific stenosis</b>					
DUE TO (c) <b>Chronic rheumatic heart disease</b>					
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"/> N- <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>	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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>VA</b>	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>January 11, 1960</b> to <b>Jan 19, 1960</b> Death occurred at <b>6:35 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. A. Turner</i>			22b. ADDRESS <b>J. A. TURNER, M.D. VA Hospital, Kansas City, Mo.</b>		22c. DATE SIGNED <b>1-20-60</b>
23a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>	23b. DATE <b>1-22-1960</b>	23c. NAME OF CEMETERY OR CHURCH <b>FLORAL HILLS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
24. FUNERAL DIRECTOR <b>FLORAL HILLS MEMORIAL CHAPEL Inc</b>		ADDRESS <b>K.C., Mo</b>	25. DATE RECD. BY LOCAL REG. <b>1-21-60</b>	26. REGISTRAR'S SIGNATURE <i>New Marshall</i>	

DOCUMENT

MEDICAL CERTIFICATION

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Forrest D. Calderon

Licensed Embalmer No. 4714

P.O. Address KOYMO.

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.