RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-001722

FILED VS JAN 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 155 STATE FILE NUMBER #2240

DED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp #1
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 Kansas City Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3417 Baltimore Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First female Middle Last McIntire
4. DATE OF DEATH Month 1 Day 5 Year 1960
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-4-60
9. AGE (last birthday) 1 day IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) K.C. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME —
13b. MOTHER'S MAIDEN NAME Joan McIntire
14. NAME OF HUSBAND OR WIFE none
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 Joan McIntire Address K.C. 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) Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 1-4-60, to 1-5-1960 and last saw her/him alive on 1-5-1960
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF H. L. Dwyer

22a. SIGNATURE H L Dwyer (Degree or title) MD
22b. ADDRESS Kansas city Mo
22c. DATE SIGNED 1-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-15-60
23c. NAME OF CEMETERY OR CREMATORY Linde
23d. LOCATION (City, town, or county) Kansas City (State) MO

24. FUNERAL DIRECTOR Wm A Lohmeyer ADDRESS K.C. MO
25. DATE RECD. BY LOCAL REG. 1-11-60
26. REGISTRAR'S SIGNATURE Neva Marshall

(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

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm A. Lohmeyer

Licensed Embalmer No. 308

P. O. Address KC M

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