

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002084

FILED VS JAN 20 1960

146

Primary Registration District No. 4237

Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYTOWN 33	a. STATE MISSOURI	b. COUNTY JACKSON
Length of stay in lb 5 yrs.		c. CITY OR TOWN RAYTOWN	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8858 EAST 67th ST. TERR		d. STREET ADDRESS (If outside, give location) 8858 EAST 57th ST. TERR	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First IDA	Middle MAE	Last FISHER	Month JAN 12,	Day 1960
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 4, 1879	9. AGE (last birthday) 80 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state of country) NEW HOLSTEIN WIS	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME UNKNOWN LIBKE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FRANK FISHER
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. NO	17. INFORMANT Address CARL FISHER 9505 EAST 79th ST.	

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)	Coronary artery occlusion		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	arteriosclerosis	
	DUE TO (c)	aging	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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 Hour 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 July 1958 to Jan 12, 1960 and last saw her alive on Jan 12, 1960
Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Millard Blum	22b. ADDRESS 4233 Blue Ridge Blvd	22c. DATE SIGNED 1/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 15, 1960	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KC. MO.		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
25. DATE RECD. BY LOCAL REG. 1-14-60		26. REGISTRAR'S SIGNATURE James S. Craig

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.