

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 3 1960

=60-002111

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		Length of stay in 1b 24 hrs.		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 801 N. Osage		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Ruth Middle White Last White				4. DATE OF DEATH Month Jan Day 26 Year 1960									
5. SEX Female		6. COLOR OR RACE Colored		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-10-1900		9. AGE (last birthday) 60		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook			10b. KIND OF BUSINESS OR INDUSTRY Catholic convent			11. BIRTHPLACE (City and state or country) Parkville, mo			12. CITIZEN OF WHAT COUNTRY U-S-A.				
13a. FATHER'S NAME Harry Henderson				13b. MOTHER'S MAIDEN NAME Mary Harris				14. NAME OF HUSBAND OR WIFE Jessie White					
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. none		17. INFORMANT Neola Downing 801 Osage St							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE			
21. I attended the deceased from 1-22-60 to 1-26-1960 and last saw her alive on 1-26-1960 Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Shirley Ayers (Degree or title) MD						22b. ADDRESS Lee's Summit, Mo			22c. DATE SIGNED 1/26/60				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 1-30-60		23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery			23d. LOCATION (City, town, or county) Kansas City, Mo.			(State)			
24. FUNERAL DIRECTOR C. E. Davis K. C. Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-28-60		26. REGISTRAR'S SIGNATURE W. B. Langford					

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 W. E. David

Licensed Embalmer No. 4417

P. O. Address K. C. Mo

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.