IRI DIVISION OF HEALTH – STANDA[redacted] CERTIFICATE OF DEATH

-60-006419

STATE FILE NUMBER

FILED MAR 3 1960

Registrar's District No. 149 Primary Registration District No. 1002 Registrar's No. 877

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 3 mths - 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kansas City Tuberculosis Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1607 E 8th Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Frank Middle: H Last: McDonald
4. DATE OF DEATH Month: Feb Day: 12 Year: 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-29-1903
9. AGE (last birthday) 56
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (City and state or country) Neosha Falls, Kans
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Herman McDonald
13b. MOTHER'S MAIDEN NAME Mary Heffernon
14. NAME OF HUSBAND OR WIFE Nellie McDonald
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. 564-18-9773
17. INFORMANT Nellie McDonald Address 1607 E 8th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 3 mths - 3 days
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. ☐ 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 Nov 9 - 1959, to Feb 12 - 1960 and last saw her/him alive on Feb 12 - 1960
Death occurred at 6:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward P. Altomare (Degree or title) MD
22b. ADDRESS Kansas City T.B. Hosp.
22c. DATE SIGNED 2/12/1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-15-60
23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Weilert Funeral Homes: (S) K.C. Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. 2-13-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Edward P. Altomare MEDICAL CERTIFICATION

DOCUMENT

WITNESS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed B. E. Weilert

Signature of Student Embalmer

Licensed Embalmer No. 4075

P. O. Address K. C. 8, Mo

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