

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS APR 4 1960**

**60-011170**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1492 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> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>27 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>Baptist Memorial Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>304 East 70th Terr.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Hugh</b> Middle <b>Surdy</b> Last <b>Pexton</b>			4. DATE OF DEATH Month <b>Mar.</b> Day <b>10,</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>Never Married</b>	8. DATE OF BIRTH <b>1-28-33</b>	9. AGE (last birthday) <b>27</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sports Editor</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Kansas City Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
13a. FATHER'S NAME <b>Frank Pexton</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Carr</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-30-6777</b>	17. INFORMANT Address <b>Mrs. Frank Pexton 304 East 70th Terr.</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 <b>48 hrs</b> <b>3 yrs.</b>
IMMEDIATE CAUSE (a)	<b>Cor. Pulmonale</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Hodgkins Disease</b>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 2-3-60 to 3-10-60 and last saw him alive on 3-8-60  
Death occurred at 12:45 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Howard E. Linnville M.D.</b>	22b. ADDRESS <b>1103 Grand Ave, Kansas City Mo</b>	22c. DATE SIGNED <b>3/11/60</b>
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23a. BURIAL, CREMATION, REBURNIAL (Specify) <b>Burial</b>	23b. DATE <b>3/12/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Mopiah Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kansas City Missouri</b>
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24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons Kansas City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-12-60</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Howard E. Linnville**

**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 Chester K Brown

Licensed Embalmer No. 492  
P. O. Address K & W

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.