

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011273

FILED VS APR 11 1960

149

Primary Registration District No. 1002 Registrar's No.

1761

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u>				d. STREET ADDRESS (If outside give location) <u>2537 Hoost</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Shirley</u> Middle <u>Ann</u> Last <u>Landy</u>				4. DATE OF DEATH Month <u>3</u> Day <u>24</u> Year <u>60</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>5-6-39</u>		9. AGE (last birthday) <u>20</u>	
Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mongolian Indian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mongolian Indian</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>	
13a. MARRIAGE NAME <u>Shirley Landy</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Avery</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-03-2557CH</u>		17. INFORMANT <u>Miss Clara Landy; 2537 Hoost Ave</u>			
8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aspiration suffocation</u>						INTERVAL BETWEEN ONSET AND DEATH	
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: <input type="checkbox"/> Yes <input 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 _____ a.m. _____ p.m. _____		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 <u>3-23-60</u> to <u>3-24-60</u> and last saw her alive on <u>3-24-60</u> Death occurred at <u>1:20 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>H. L. Dwyer</u> (Degree or title) <u>MD</u>				22b. ADDRESS <u>2400 Cherry</u>		22c. DATE SIGNED <u>3-24-60</u>	
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL-ANATOMICAL</u>		23c. NAME OF CEMETERY OR CREMATORY <u>University of Missouri</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		23a. DATE <u>3-26-60</u>	
24. FUNERAL DIRECTOR <u>Heilbert Funeral Home (S) K.C., Mo.</u>				25. DATE REGD. BY LOCAL REG. <u>3-25-60</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. L. Dwyer

**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 B. E. Weiland

Licensed Embalmer No. 4075  
P. O. Address 208 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.