

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-015116

FILED VS MAY 16 1960

2347

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 100a Registrar's No. 2347

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>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>85 yrs</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>1401 Hardesty</b>		d. STREET ADDRESS (If outside, give location) <b>1401 Hardesty</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Bridgett</b> Middle <b>Genevieve</b> Last <b>Amis</b>			4. DATE OF DEATH Month <b>1</b> Day <b>27</b> Year <b>60</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-2-1875</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>27</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>K. C. Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Edward J. Duffy</b>	13b. MOTHER'S MAIDEN NAME <b>Mary DeHoney</b>	14. NAME OF HUSBAND OR WIFE <b>Ottie Lee Amis</b>
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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>None</b>	17. INFORMANT Address <b>Ottie L. Amis 1401 Hardesty</b>
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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>4 days</b>
IMMEDIATE CAUSE (a) <b>Hypostatic pneumonia</b>	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Malnutrition</b>	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
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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.)
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20c. TIME OF INJURY Hour <b>1:45</b> Month, Day, Year <b>Jan 26, 1960</b> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Kansas City</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Jackson Mo.</b>
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21. I attended the deceased from <b>JAN. 1958</b> to <b>April 26, 1960</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>April 26, 1960</b> Death occurred at <b>1:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>J. Shireman MD</b> (Degree or title)	22b. ADDRESS <b>4606 St John K C Mo</b>	22c. DATE SIGNED <b>4-27-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Sheil Funeral Home K. C., Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>4-27-60</b>	26. REGISTRAR'S SIGNATURE <b>Wesley Minchell</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF J. Shireman

**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 Thomas R. Hall

Licensed Embalmer No. 4934

P. O. Address R. P. M. O.

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