

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015346

FILED VS MAY District No. 149

Primary Registration District No. 1002

Registrar's No. 2210

STATE FILE NUMBER

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 Kansas City		Length of stay in lb Life		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 400 Westover Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CHRISTINE Middle D. Last GREEN				4. DATE OF DEATH Month 4 Day 19 Year 60					
5. SEX F	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-12-85	9. AGE (last birthday) 75	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) At Home			10b. KIND OF BUSINESS OR INDUSTRY xx		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Thomas Green			13b. MOTHER'S MAIDEN NAME Bridgett Smith			14. NAME OF HUSBAND OR WIFE xx			
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 Address J.M.Green, 400 Westover Rd. KC Mo					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia DUE TO (b) Metastatic Carcinoma - Cerebral DUE TO (c) Carcinoma Left breast 1956 Left Lung lung 1958							INTERVAL BETWEEN ONSET AND DEATH 8 days 9 mo		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis						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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year 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 7-2-51 to 4-19-60 and last saw her alive on 4-19-60 Death occurred at 5:12 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Hughert M. Parker M.D.				22b. ADDRESS 928 Argyle Bldg			22c. DATE SIGNED 4-20-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-22-60	23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's Cem.		23d. LOCATION (City, town, or county) (State) Kansas City Mo.				
24. FUNERAL DIRECTOR ADDRESS Nagner Funeral Home, K. C. Mo.			25. DATE RECD. BY LOCAL REG. 4-20-60		26. REGISTRAR'S SIGNATURE Neva Marshall				

DOCUMENT

BY AFFIDAVIT OF
Hughert M. Parker MEDICAL CERTIFICATION

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 Alvin R. Haunacker

Licensed Embalmer No. 415

P. O. Address Kassan

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.