

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015602

FILED VS. APR 25 1960 149

Primary Registration District No. 1002

Registrar's No. 1846

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 50 yrs.		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 QUEEN OF THE WORLD				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3347 1/2 BROOKLYN			
3. NAME OF DECEASED (Type or print) First GEORGIA Middle RODGERS Last				4. DATE OF DEATH Month MARCH Day 28 Year 1960					
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-20-1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Texarkana, Texas.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Fred Tall			13b. MOTHER'S MAIDEN NAME Inez			14. NAME OF HUSBAND OR WIFE Clyde Rodgers			
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 Clyde Rodgers, K. C. 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) PURULENT MENINGITIS							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) PASSIVE CONGESTION & HEMORRHAGE OF LUNGS PULMONARY EDEMA; MUCOSAL PETECHIAL HEMORRHAGE							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		
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 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 3-28-60 , to 3-28-60 and last saw her alive on 3-28-60 Death occurred at 10:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Arthur N. Franklin, M.D.</i>				22b. ADDRESS 2462 A. Brooklyn K.C. Mo.			22c. DATE SIGNED 3/29/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4-2-1960	23c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K. C. Mo.				25. DATE RECD. BY LOCAL REG. 3-30-60		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

DOCUMENT

BY AFFIDAVIT OF CURTIS N. FRANKLIN, M.D. MEDICAL CERTIFICATION

Ch 1-9091

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 Hazel M. Hendrix

Licensed Embalmer No. 4943

P. O. Address K. C. Mo

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.