

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015731

FILED VS MAY 9 1960

149

Registration District No. Primary Registration District No. 1002

Registrar's No.

2248

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		Length of stay in 1b		a. STATE Missouri b. COUNTY Jackson		Inside Limits	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		20 Yrs		c. CITY OR TOWN Kansas City		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2625 Brighton			Inside Limits	d. STREET ADDRESS (If outside, give location) 2625 Brighton			Reside on Farm
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH		5. AGE (last birthday)	
First		Middle		Month		Day	
Harry		Burgin		April		20	
Last		Wright		1960			
6. SEX	7. MARRIED	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR		
Male	White	1/10/1898	62	Months	Days	Hours	Min.
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/>	Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
Bus Driver				Kansas City Pub Ser		Grain Valley Missouri USA	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
Lewis R Wright			Amanda E Winburn		Katherine (Dec)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address		
No			442-07-8143		Mrs Myrtle Lentz Lee Summit Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>							
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	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 _____, to _____ and last saw her/him alive on _____	Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title)			22b. ADDRESS			22c. DATE SIGNED	
<i>Ruth H. Owens Coroner</i>			1034 Platte Bldg			4-20-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial	April 23 1960	Lee Summit Mo Cemetery		Lee Summit Missouri			
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
Sheil Funeral Home Kansas City Mo			4-21-60		Irene Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF RUTH H. OWENS

**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 A. [Signature]

Licensed Embalmer No. 4454

P. O. Address K.P.M.

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.