

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019549

FILED VS JUN 15 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2914 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 CASS							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 2 days		c. CITY OR TOWN BELTON		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST MEOM. HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROUTE # 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First LOBA Middle NIPPS Last				4. DATE OF DEATH Month MAY Day 29 Year 1960							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH FEB 6 92		9. AGE (last birthday) 68 yrs.		IF UNDER 1 YEAR IF UNDER 24 HR Months 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 Her Self		11. BIRTHPLACE (City and state of country) Wentworth, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.				
13a. FATHER'S NAME William Thacker				13b. MOTHER'S MAIDEN NAME Lucy Cope				14. NAME OF HUSBAND OR WIFE Frank Nipps			
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. Unknown		17. INFORMANT Address Mr. Frank Nipps Belton, 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) SUBARACHNOID HEMORRHAGE										INTERVAL BETWEEN ONSET AND DEATH 5 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RUPTURED ANEURYSM LEFT INT CEREBRAL ARTERY										5 hrs	
DUE TO (c)											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSIVE CARDIOVASCULAR DISEASE, CHRONIC								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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 MAY 27, 1960 to MAY 29, 1960 and last saw her alive on MAY 29, 1960 . Death occurred at 6:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Herbert A. Tracy M.D.						22b. ADDRESS BELTON, Mo.				22c. DATE SIGNED 5-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-29-60		23c. NAME OF CEMETERY OR CREMATORY Mammoth Cemetery		23d. LOCATION (City, town, or county) (State) Gainesville, Missouri					
24. FUNERAL DIRECTOR ADDRESS D. W. Newcomer's Sons 1331 Brush Creek K. C. Missouri				25. DATE RECD. BY LOCAL REG. 5-30-60		26. REGISTRAR'S SIGNATURE Irene Marshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address H.G. Inc

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.