

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUN 17 1960

149

Registration District No. Primary Registration District No. 1002

Registrar's No.

2949

60-023033 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in lb <i>25 yrs</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Memorial Medical Center</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>311 Wabash</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Rayburn L.</i> Middle <i>ADAMS JR.</i> Last <i>ADAMS JR.</i>				4. DATE OF DEATH Month <i>5</i> Day <i>30</i> Year <i>1960</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>11-10-1908</i>	9. AGE (last birthday) <i>51</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>30</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Western Union Rep.</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>Hot Springs, Ark</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>		
13. FATHER'S NAME <i>Rayburn Adams Sr.</i>			13b. MOTHER'S MAIDEN NAME <i>Battie Wright</i>			14. NAME OF HUSBAND OR WIFE <i>Frances</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>487-09-4968</i>		17. INFORMANT Address <i>Frances Marie Adams Ke Mo.</i>				
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 <i>1 Hour</i>		
IMMEDIATE CAUSE (a) <i>Acute Coronary Thrombosis</i>									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
DUE TO (b) <i>Coronary Sclerosis</i>									
DUE TO (c) <i>Diabetes Mellitus</i>									
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 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 <i>3:05 P.M.</i> Month, Day, Year <i>Jan 1955</i>									
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 <i>Jan 1955</i> to <i>May 30, 1960</i> and last saw her/him alive on <i>May 30, 1960</i> Death occurred at <i>3:05 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>L. M. Shepler M.D.</i>				22b. ADDRESS <i>701 Ob 3 St W 701</i>				22c. DATE SIGNED <i>5/31/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>6-2-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT Olivet Cem.</i>		23d. LOCATION (City, town, or county) <i>Kansas City, Mo.</i>				
24. FUNERAL DIRECTOR <i>Lucretiano Brad Ke Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>6-1-60</i>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Shapiro
701 E 63 Ave 10M
N.Y. 42023

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 *J. G. Casentino*

Licensed Embalmer No. 4554

P. O. Address RCM

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.