URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 15 1960

60-026690

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3965

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b 55 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GENERAL HOSP.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 917 LOCUST Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle EZRA Last ABERNATHY
4. DATE OF DEATH Month AUGUST Day 1 Year 1960
5. SEX MALE
6. COLOR OR RACE CAUCASIAN
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH UNKNOWN
9. AGE (last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (City and state or country) LEAVENWORTH, KS.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOHN ABERNATHY
13b. MOTHER'S MAIDEN NAME MARY DOUGHTY
14. NAME OF HUSBAND OR WIFE NEVER MARRIED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John Perine Address Seattle, Wash.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-28-60, to 8-1-60 and last saw her/him alive on 8-1-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H L Dwyer (Degree or title) MD
22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 8-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE AUG 3 1960
23c. NAME OF CEMETERY OR CREMATORY MOUNT MUNCY
23d. LOCATION (City, town, or county) LEAVENWORTH (State) KANSAS
24. FUNERAL DIRECTOR MUEHLEBACH ADDRESS 6100 TROOST
25. DATE RECD. BY LOCAL REG. 8-2-60
26. REGISTRAR'S SIGNATURE H-L- Dwyer, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF H. L. Dwyer M. D. MEDICAL CERTIFICATION

DOCUMENT

NDED

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_____ Signed Chas V Carr Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4934

P. O. Address K.C. 14, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.