

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

60-027133

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3722

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	Length of stay in 1b 30yrs	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 St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4141 Campbell
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last William E. Signall			4. DATE OF DEATH Month Day Year 7 -17 - 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (City and state or country) Manning Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John H. Signall		13b. MOTHER'S MAIDEN NAME Alice G. Hagan		14. NAME OF HUSBAND OR WIFE Laurena Freeman		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 486-09-6861	17. INFORMANT Laurena Freeman		Address 4144 Campbell
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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	
IMMEDIATE CAUSE (a) Intestinal Necrosis				1 day
DUE TO (b) Mesenteric Artery Thrombosis				2 days
DUE TO (c)				

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Atherosclerotic Heart Disease		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	
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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 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 **June 1957**, to **7-17-60** and last saw him alive on **7-17-60**
Death occurred at **8:10 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James D. Dunleavy	(Degree or title) M.D.	22b. ADDRESS 314 Withman Bldg. KC 9MO	22c. DATE SIGNED 7-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-19-1960	23c. NAME OF CEMETERY OR CREMATORY Geddes, South Dakota	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar	ADDRESS 20 W. Linwood	25. DATE RECD. BY LOCAL REG. 7-18-60	26. REGISTRAR'S SIGNATURE Neva Marshall

DOCUMENT

BY AFFIDAVIT OF James D. Dunleavy MEDICAL CERTIFICATION

Dr. J. J.
310

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George A. Jackson

Licensed Embalmer No. 505

P. O. Address RC 33

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