

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 26 1960 149

-60-022197  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3508

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 3 yrs.	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospt. No 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3208 E. 27th Street

3. NAME OF DECEASED (Type or print) First CAROLYN Middle YVONNE Last WADE			4. DATE OF DEATH Month 7 Day 2 Year 1960	
--	--	--	---	--

5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-29-1956	9. AGE (last birthday) 3 yrs.	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) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Kans.	12. CITIZEN OF WHAT COUNTRY USA
---	-----------------------------------	--	------------------------------------

13a. FATHER'S NAME Dewey Wade	13b. MOTHER'S MAIDEN NAME Mary Rice	14. NAME OF HUSBAND OR WIFE
----------------------------------	--	-----------------------------

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. No	17. INFORMANT Mary Wade	Address 3208 E. 27th St. Mother
--	-------------------------------	----------------------------	------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis DUE TO (b) 2nd Degree Burns of Abdomen, back both Thighs DUE TO (c) dress caught a fire from trash fire.		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. <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 checked="" 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. April 26, 1960	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3208 E. 27	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO
---	---	--	---	-------------------	-------------

21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE Deputy Coroner	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 7/5/60
----------------------------------	--------------------------------	----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-9-60	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kans. City, Missouri
---	---------------------	---	---

24. FUNERAL DIRECTOR WATKINS BROS. FUNERAL HOME	ADDRESS 18th & Benton	25. DATE RECD. BY LOCAL REG. 7-5-60	26. REGISTRAR'S SIGNATURE Neva Minshall
--	--------------------------	--	--

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

*Ernest R. W...*

Licensed Embalmer No. 451

P. O. Address 18th & Ber

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.