

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027233

INDEXED

FILED VS AUG 8 1960

149

Primary Registration District No. 1002

Registrar's No. 3880

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 Jackson							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 55 yrs.		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. Mary's Hospital DOA			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3737 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First MISS ANNA Middle F. Last WOLFE				4. DATE OF DEATH Month July Day 26 Year 1960							
5. SEX Female		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 28/11/1904		9. AGE (last birthday) 75			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting Dept.			10b. KIND OF BUSINESS OR INDUSTRY S.W. Bell Telephone Co. Paola, Kansas			11. BIRTHPLACE (City and state or country) U.S.A.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Richard Wolfe				13b. MOTHER'S MAIDEN NAME Margaret Dalton				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. 486-03 752		17. INFORMANT Mrs. John J. Lyons		Address 3837 Tracy			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Acute Sudden DUE TO (b) Arteriosclerotic Heart Dis. 15 yrs DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH 15 yrs			
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 checked="" 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 Sept 1943 to 7/26/60 and last saw her alive on 6/14/60 Death occurred at 11457 Ave 7/26/60 m on the date stated above, and to the best of my knowledge, from the causes stated.											
22. SIGNATURE J. D. Bennett M.D.				22b. ADDRESS 409 E 63rd KC Mo				22c. DATE SIGNED 7/27/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-29-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or County) Kansas City, Missouri					
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home 1800 E. Linwood Blvd.				25. DATE RECD. BY LOCAL REG. 7-27-60		26. REGISTRAR'S SIGNATURE Neva Minshall					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF D. Bennett

Dr. B...
409 E.
EM 1-06

11:30 AM

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 Dale L. Martin

Licensed Embalmer No. 5106

P. O. Address Shawna

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.