

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-030401

REGISTRATION DISTRICT NO. **49**

PRIMARY REGISTRATION DISTRICT NO. **1007**

REGISTRAR'S NO. **4377**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Length of stay in lb. 50 YEARS c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp.</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i> c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <i>3429 Flora</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>FRANK</i> Middle <i>SIMPSON</i> Last <i>ILLAN</i>		4. DATE OF DEATH Month <i>8</i> Day <i>23</i> Year <i>60</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>APRIL 3, 1888</i>
9. AGE (last birthday) <i>72</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</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>FURNACE INSTALLER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>SEARS, ROEBUCK & CO.</i>	
11. BIRTHPLACE (City and state or country) <i>WINCHESTER, KENTUCKY</i>		12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>JAMES ALLAN</i>		13b. MOTHER'S MAIDEN NAME <i>SUSAN HART</i>	
14. NAME OF HUSBAND OR WIFE <i>MRS. FERN ALLAN</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>496-01-6574</i>		17. INFORMANT <i>MRS. CLARENCE A. GUNN</i> Address <i>LAKE LOTAWANA</i> <i>LEE'S SUMMIT, MO.</i>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 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 <i>7-31-1960</i> to <i>8-23-60</i> and last saw him <i>alive</i> on <i>8-23-60</i> Death occurred at <i>1230 p.m.</i> on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. L. Dwyer</i> (Degree or title)		22b. ADDRESS <i>1219 Perry City</i>	
22c. DATE SIGNED <i>8/25/60</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
23b. DATE <i>AUGUST 26, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>FOREST HILL CEMETERY</i>	
23d. LOCATION (City, town, or county) <i>KANSAS CITY</i>		(State) <i>MISSOURI</i>	
24. FUNERAL DIRECTOR <i>D. W. NEWCOMER'S SONS KANSAS CITY, MO.</i> ADDRESS <i>1331 BRUSH CREEK</i>		25. DATE RECD. BY LOCAL REG. <i>8-26-60</i>	
26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>			

DOCUMENT

BY AFFIDAVIT OF **H. L. DWYER** MEDICAL CERTIFICATION

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address K. C. Mo.

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.