

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

60-030537

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4130 STATE FILE NUMBER

NDED

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 16 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 2601 Garfield			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2601 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First IDA Middle W. Last FAULKNER				4. DATE OF DEATH Month August Day 9, Year 1960									
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/4/80		9. AGE (last birthday) 80 Yrs.		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Oak Ridge, La.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Charles Washington				13b. MOTHER'S MAIDEN NAME Sarah Garrett				14. NAME OF HUSBAND OR WIFE unknown					
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. -----		17. INFORMANT Address Mrs. Lula Harvey K. C. Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene of Buttock										INTERVAL BETWEEN ONSET AND DEATH Unknown			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Senility											
		DUE TO (c) Gangrene of left foot								Unknown			
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 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 Feb. 10, 1960 to Aug. 9, 1960 and last saw her/him alive on Aug. 7, 1960 Death occurred at 7:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Ida Faulkner</i> (Degree or title)						22b. ADDRESS 2200 E-18th			22c. DATE SIGNED 8-11-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/13/60		23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cem.			23d. LOCATION (City, town, or county) Kansas City, Missouri						
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary ADDRESS K. C. Mo.				25. DATE RECD. BY LOCAL REG. 8-11-60		26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>							

DOCUMENT BY AFFIDAVIT OF Haugh, Sr. 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Pas

Licensed Embalmer No. 501

P. O. Address A. C.

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.