URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960

60-034994

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4765

NDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 20 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Luke's Hospitall — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4244 Holly Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JESS Middle F. Last ROSE
4. DATE OF DEATH: Month September Day 17 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-24-1888
9. AGE (last birthday): 72 — 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): Office-K.C. Title Insur. Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Howard County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: H.J. Rose
13b. MOTHER'S MAIDEN NAME: Lula Heiberling
14. NAME OF HUSBAND OR WIFE: Anna Blanche Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mr Jess C. Rose — Address: 5925 West 58th St. Mission, Kansas

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)	1. Cardio-respiratory failure	4 min.
	mediastinal shift	4 "
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Right pneumonectomy	4 days
DUE TO (c)	Adenocarcinoma right lung.	6 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): (1) senescence (2) Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ N. ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Aug 21, 60 to Sept 17, 60 and last saw him alive on Sept 17, 60.
Death occurred at 12:35 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James Q. Chambers Jr. M.D.
22b. ADDRESS: 4620 Nichols Pkwy.
22c. DATE SIGNED: 9/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT. 19, 1960
23c. NAME OF CEMETERY OR CREMATORY: MT. PLEASANT CEMETERY
23d. LOCATION (City, town, or county) (State): NEW FRANKLIN MISSOURI

24. FUNERAL DIRECTOR: D. W. Newcomer's Son's Kansas City, Mo. — ADDRESS: 1331 BRUSH CREEK
25. DATE RECD. BY LOCAL REG.: 9-19-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF James Q. Chambers, Jr. MEDICAL CERTIFICATION

VS OCT 1 1960

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_____ Signed Harry E. Clement

Signature of Student Embalmer

Licensed Embalmer No. 4550

P. O. Address Pleasant

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