

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035137

FILED VS OCT 10 1960

149

Primary Registration District No. 1002

Registrar's No.

4884

STATE FILE NUMBER

DED

DOCUMENT BY AFFIDAVIT OF *Nina Rule* Owens *H. Owens* MEDICAL CERTIFICATION

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 8 MONTHS		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 2428 CYPRESS AVENUE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2428 CYPRESS AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First May Middle Ida Last Young				4. DATE OF DEATH Month SEPTEMBER Day 22 Year 1960									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH AUG. 17, 1907		9. AGE (last birthday) 53-55		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) STAGE ACTRESS & DESIGNER				10b. KIND OF BUSINESS OR INDUSTRY STAGE CLOTHES		11. BIRTHPLACE (City and state or country) MCALISTER, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME THOMAS D. YOUNG				13b. MOTHER'S MAIDEN NAME MIRANDA HEDGEPEETH				14. NAME OF HUSBAND <i>of wife</i>					
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 MRS. NINA RULE Address 2428 CYPRESS AVENUE KANSAS CITY, MISSOURI							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										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"/> N. <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 _____ to _____ and last saw her him alive on _____ Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>May Ida Young Cormer</i>						22b. ADDRESS 152 Union Station			22c. DATE SIGNED 9-24-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE SEPT. 27, 1960		23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS			23d. LOCATION (city, town, or county) KANSAS CITY, MISSOURI			23e. (State)			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. 9-27-60		26. REGISTRAR'S SIGNATURE <i>H-L Owens</i>							

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 Kern Lawler

Licensed Embalmer No. 4915

P. O. Address K. G. Moore

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.