

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038617

FILED VS NOV 9 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 5354 STATE FILE NUMBER

UNDED

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 45 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 1509 Fremont		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1509 Fremont Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Mary Middle Katie Last Wyckoff			4. DATE OF DEATH Month Oct. Day 23 Year 1960		
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/13/1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____
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) Kentucky	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bazel Hall		13b. MOTHER'S MAIDEN NAME Sarah Summers		14. NAME OF HUSBAND OR WIFE Corbin Wyckoff	
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. None	17. INFORMANT Ed Sims Address 3616 Bennington 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) Congestive Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Arteriosclerosis		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 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 4.25.59 to 10.23.60 and last saw her alive on 10.23.60	COUNTY _____ STATE _____
21. I attended the deceased from _____ Death occurred at 4:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE M.C. Coatsney Do. (Degree or title)	22b. ADDRESS 6735 Truman Rd	22c. DATE SIGNED 10-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/25/60	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd., K. C., Mo.		23d. LOCATION (City, town, or county) Oak Grove, Missouri

25. DATE RECD. BY LOCAL REG. 10-24-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. C. Coatsney

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 James W. East
Licensed Embalmer No. 462
P. O. Address H. C., M.

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.