

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041838

FILED VS. DEC 12 1960 149

5776

STATE FILE NUMBER

1002

Primary Registration District No. 1002 Registrar's No.

8-28-61

male

Female

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF informant M. B. Casebolt

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) KANSAS CITY		Length of stay in 1b 55 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MARGARET KATHRYN NURSING HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1007 Linwood		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last EMIR FRANCES AMMERMAN				4. DATE OF DEATH Month Day Year NOVEMBER 16 1960					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/30/1869	9. AGE (last birthday) 91	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) TEACHER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KIRKSVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME AMMERMAN			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE ----			
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 Address Mrs. Elizabeth Thornton Denver, Colo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), or (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chr Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) senility							INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs 10 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						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 checked="" 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 June 1, 1960 to June 16, 1960 and last saw him alive on 7:00 16, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) M. B. Casebolt MD				22b. ADDRESS 4000 Baltimore				22c. DATE SIGNED 11-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-19-60	23c. NAME OF CEMETERY OR CREMATORY Highland		23d. LOCATION (City, town, or county) Hamilton, Mo.		(State)		
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 11-17-60		26. REGISTRAR'S SIGNATURE H-L-Dwyer				

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 Chester K. Brown

Licensed Embalmer No. 493

P. O. Address KEW

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