

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6095-60-046022

FILED VS DEC 19 1960

149

Primary Registration District No. 1002

Registrar's No.

6095

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in 1b <i>52.4m</i>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1816 Lawn</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Cornest</i> Middle <i>Blower</i> Last <i>Doss</i>				4. DATE OF DEATH Month <i>12</i> Day <i>2</i> Year <i>60</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>7/4/1888</i>	9. AGE (last birthday) <i>72</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plumber</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Plumbing</i>		11. BIRTHPLACE (City and state or country) <i>Springfield, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Bushrod Doss</i>			13b. MOTHER'S MAIDEN NAME <i>Nancy Muse</i>		14. NAME OF HUSBAND OR WIFE <i>—</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>487-38-7857</i>		17. INFORMANT <i>Margaret Broadway</i>		Address <i>1816 Lawn 14-C. Mo</i>		
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>Arteriosclerotic Heart Disease</i> & <i>Generalized Arteriosclerotic</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									
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 <i>11-24-60</i> , to <i>12-2-60</i> and last saw him alive on <i>12-2-60</i> Death occurred at <i>1:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. D. Ellis</i> (Degree or title)				22b. ADDRESS <i>2400 Cherry</i>			22c. DATE SIGNED <i>12-5-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12/5/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Elmwood Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>				
24. FUNERAL DIRECTOR <i>C. H. Blackman</i>				25. DATE RECD. BY LOCAL REG. <i>12-5-60</i>		26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

E. Frank Ellis

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 Bert B. Benn

Licensed Embalmer No. 465

P. O. Address N. C., 7

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.