

# IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046262

OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6270 STATE FILE NUMBER

FILED VS DEC 3 0 1960

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>60 yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>7215 So. Benton</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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<b>3. NAME OF DECEASED</b> (Type or print) First <u>MR. FRANK</u> Middle <u>J.</u> Last <u>PANRUCKER</u>			<b>4. DATE OF DEATH</b> Month <u>Dec.</u> Day <u>10,</u> Year <u>1960</u>		
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-3-1900</u>	<b>9. AGE (last birthday)</b> <u>60</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Route Man</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>City Laundry</u>	<b>11. BIRTHPLACE</b> (City and state or country) <u>Davenport, Iowa</u>	<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Frank Panruoker</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna M. Kratfield</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Margaret Panrucker</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> <u>Mrs. Margaret Panrucker-7215 So. Benton</u> Address
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> DUE TO (b) <u>Old Infarction - Myocardial - Arteriosclerosis Years</u> DUE TO (c) <u>Acute Chronic Cor Pulmonale - Emphysema Years</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 hours</u>
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		

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
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21. I attended the deceased from 2-24-58 to present and last saw him alive on 12-10-60  
 Death occurred at 9:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>Emery R. Calovich MD</u>	<b>22b. ADDRESS</b> <u>4620 J C Nichols</u>	<b>22c. DATE SIGNED</b> <u>12-13-60</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>12-13-60</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Calvary Cemetery</u>	<b>23d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Mellody-MoGilley-Eylar--1800 E. Linwood</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-13-60</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>H-L-Dwyer</u>
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BY AFFIDAVIT OF DOCUMENT

Emery R. Calovich MEDICAL CERTIFICATION

Dec. 21, 1955  
4620 N.

601-75

Mem - 1 - 2

**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 E. Hackett

Licensed Embalmer No. 457

P. O. Address K O 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.