

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6440-60-046324
STATE FILE NUMBER

FILED VS JAN 11 1961/49

Registration District No. Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Mo b. COUNTY Jackson		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Heartstone Nurs. Home		Length of stay in 1b unk		d. STREET ADDRESS 708 Garfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROSE J SAMUAL				4. DATE OF DEATH Month Day Year 12-19-1960			
5. SEX Fe	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> unk	8. DATE OF BIRTH 3-19-1903	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) unk		12. CITIZEN OF WHAT COUNTRY unk	
13a. FATHER'S NAME unk			13b. MOTHER'S MAIDEN NAME unk		14. NAME OF HUSBAND OR WIFE unk		
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 Jackson County Welfare Kc Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral Hemorrhage						2 days	
DUE TO (b) Arteriosclerosis						7 years	
DUE TO (c)							
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		COUNTY	STATE
21. I attended the deceased from 2-1-60 to 12-19-60 and last saw her alive on 12-19-60. Death occurred at 12:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank Paul Lawrence MD				22b. ADDRESS 428 S. White Ave		22c. DATE SIGNED 12-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-22-1960		23c. NAME OF CEMETERY OR CREMATORY Kc College Ceter & Surg.		23d. LOCATION (City, town, or county) Kansas City, Mo (State)	
24. FUNERAL DIRECTOR ADDRESS Lawrence Bros Kc Mo				25. DATE RECD. BY LOCAL REG. 12-22-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer	

DOCUMENT

BY AFFIDAVIT OF Frank Paul Lawrence MD MEDICAL CERTIFICATION

Dr. LaRena, 1249 PR 12-19-60

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 St. Pasquino

Licensed Embalmer No. 4554

P. O. Address KC, Mo

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