

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-046349

6115

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 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 57 YEARS | 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 4441 FLORA AVENUE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4441 FLORA AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Alma Middle Caroline Last Small | 4. DATE OF DEATH Month DECEMBER Day 3 Year 1960 |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> MARRIED | 8. DATE OF BIRTH 4/4/85 | 9. AGE (last birthday) 75 years | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER - HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY HERSELF | 11. BIRTHPLACE (City and state or country) MARYSVILLE, KANSAS | 12. CITIZEN OF WHAT COUNTRY U. S. A. // |
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| 13a. FATHER'S NAME ED FARANKAMP | 13b. MOTHER'S MAIDEN NAME CAROLINE BLISS | 14. NAME OF HUSBAND OR WIFE GEORGE P. SMALL |
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| 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. 487-03-7318A | 17. INFORMANT GEORGE P. SMALL Address KANSAS CITY, MISSOURI 4441 FLORA AVE. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH |
| DUE TO (b) Arteriosclerotic Heart Disease | | |
| DUE TO (c) | | |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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| 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 |
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| 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.) |
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| 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 |
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| 21. I attended the deceased from 11-20-60 to 12-4-60 and last saw her alive on 12-4-60 Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) H. Owens MD | 22b. ADDRESS 1152 Union Station | 22c. DATE SIGNED 12-5-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE DEC. 6, 1960 | 23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI |
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| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 12-5-60 | 26. REGISTRAR'S SIGNATURE A. L. Dwyer |
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry C. Clemens

Licensed Embalmer No. 4550

P. O. Address Pleasant

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.