

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-60-046404**

FILED VS DEC 19 1960 149

Primary Registration District No. 1002

6076

STATE FILE NUMBER

DED

|   |  |   |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |  | Length of stay in 1b<br><b>23 days</b>  |   | c. CITY OR TOWN <b>ADRIAN</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>  |  |   |   | d. STREET ADDRESS<br><b>BOX 156</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>RUBY</b> Middle <b>ALWILDA</b> Last <b>VASSMER</b>  |  |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>1</b> Year <b>1960</b> |  |  |  |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5-24-18</b>                                      | 9. AGE (last birthday)<br><b>42</b>  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife - ACCOUNTANT</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>PAYROLL</b>                     | 11. BIRTHPLACE (City and state or country)<br><b>West Liberty, Ky.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Mitchell Evans</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Ada Havens</b>                          |  | 14. NAME OF HUSBAND OR WIFE<br><b>Albert Vassmer</b>   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes PL 28</b>   |  |   |   | 17. INFORMANT<br><b>VA Hospital Official Rcds, K.C. Mo<br/>Albert Vassmer, Adrian, Missouri</b>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary atherosclerosis</b>   |  |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____   |  |   |   |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes mellitus</b>   |  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____<br>s.m. _____<br>p.m. _____   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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. <input checked="" type="checkbox"/> attended the deceased from <b>November 8, 1960</b> to <b>December 1, 1960</b> and last saw him alive on <b>December 1, 1960</b><br>Death occurred at <b>12:45</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |  |  |  |  |
| 22a. SIGNATURE<br><b>R. A. OWINGS, M.D.</b> (Degree or title)   |  |   |   | 22b. ADDRESS<br><b>VA Hospital, Kansas City, Mo.</b>   |  | 22c. DATE SIGNED<br><b>12-2-60</b> (State)   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>12/4/1960</b>          | 23c. NAME OF CEMETERY OR CREMATORY<br><b>FAON CEMETERY</b>  |   | 23d. LOCATION (City, town, or county)<br><b>EXCELSIOR SPRINGS MISSOURI</b>   |  |  |  |
| 24. FUNERAL DIRECTOR<br><b>D. W. NEWCOMER'S SONS KANSAS CITY, MO.</b> ADDRESS <b>1331 BRUSH CREEK</b>   |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-3-60</b>                          | 26. REGISTRAR'S SIGNATURE<br><b>H. L. Dwyer</b>  |  |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 W. Stegner

Licensed Embalmer No. 378

P. O. Address K. 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.

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Registrar's No.

6076

Item #23c Crown Hill Cemetery instead of Enon Cemetery DOCUMENT 9-22-97 BY AFFIDAVIT OF funeral home

|   |                               |   |  |  |  |
|---|-------------------------------|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>  |                               | Length of stay in 1b <b>23 days</b>   | c. CITY OR TOWN <b>ADRIAN</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>V A HOSPITAL</b>   |                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>BOX 166</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print)<br>First <b>RUBY</b> Middle <b>ALWILDA</b> Last <b>VASSMER</b>  |                               |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>1</b> Year <b>1960</b>  |  |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>5-24-18</b>  | 9. AGE (last birthday) <b>42</b>   | IF UNDER 1 YEAR<br>Months <b>42</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife - ACCOUNTANT</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>PAYROLL</b>  | 11. BIRTHPLACE (City and state or county) <b>West Liberty, Ky.</b>   |  | 12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>  |
| 13a. FATHER'S NAME <b>Mitchell Evans</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Ada Havens</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Albert Vassmer</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes PL 28</b>   |                               | 16. SOCIAL SECURITY NO. <b>499-16-4637</b>  |  | 17. INFORMANT <b>VA Hospital Official Rcds, K.C. Mo</b><br><b>Albert Vassmer, Adrian, Missouri</b> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary atherosclerosis</b>   |                               |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                               |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes mellitus</b>   |                               |   |  |  |  |
| 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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____   |                               |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>November 8, 1960</b> to <b>December 1, 1960</b><br>Death occurred at <b>12:45</b> P.M. on the date stated above, and to the best of my knowledge, from the causes stated. |                               |   |  |  |  |
| 22a. SIGNATURE <b>R. A. Owens, M.D.</b> (Degree title)  |                               |   | 22b. ADDRESS <b>VA Hospital Kansas City, Mo.</b>   |  | 22c. DATE SIGNED <b>12-2-60</b> (State)  |
| 23a. MANNER OF REMOVAL (Specify) <b>BURIAL</b>  |                               | 23b. DATE <b>12/4/1960</b>  | 23c. NAME OF CEMETERY OR CREMATOR <b>Crown Hill HEAVEN-CEMETERY</b>  |  | 23d. LOCATION (City, town, or county) <b>EXCELSIOR SPRINGS MISSOURI</b> (State)      |
| 24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS KANSAS CITY, MO.</b> ADDRESS <b>1351 BRUSH CREEK</b>  |                               | 25. DATE RECD. BY LOCAL REG. <b>12-3-60</b>   |  | 26. REGISTRAR'S SIGNATURE <b>H-L Dwyer</b>   |  |

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text notes that clear documentation helps in identifying trends, resolving disputes, and ensuring compliance with relevant regulations.

2. The second part of the document outlines the various methods and tools used for data collection and analysis. It mentions the use of spreadsheets, databases, and specialized software to organize and process large volumes of information. The text highlights the importance of choosing the right tools based on the specific needs and scale of the project.

3. The third part of the document focuses on the importance of data security and privacy. It discusses the risks associated with data breaches and the need for robust security measures to protect sensitive information. The text suggests implementing strong passwords, encryption, and access controls to minimize the risk of unauthorized access.

4. The fourth part of the document addresses the challenges of data integration and interoperability. It notes that different systems and formats often use different data structures, making it difficult to combine and analyze data from multiple sources. The text suggests using standardized protocols and formats to facilitate data exchange and integration.

5. The fifth part of the document discusses the importance of data quality and accuracy. It emphasizes that poor quality data can lead to incorrect conclusions and decisions. The text suggests implementing data validation and cleaning processes to ensure that the data is reliable and accurate.

6. The sixth part of the document focuses on the importance of data visualization and reporting. It discusses the use of charts, graphs, and dashboards to present data in a clear and concise manner. The text suggests using interactive tools to allow users to explore the data and generate reports on their own.

7. The seventh part of the document discusses the importance of data governance and compliance. It notes that organizations must ensure that their data handling practices comply with relevant laws and regulations. The text suggests implementing a data governance framework to oversee and manage data throughout its lifecycle.

8. The eighth part of the document discusses the importance of data ethics and transparency. It notes that organizations should be transparent about how they collect, use, and share data. The text suggests implementing clear policies and procedures to ensure that data is used ethically and responsibly.

9. The ninth part of the document discusses the importance of data literacy and skills. It notes that employees must have the necessary skills and knowledge to effectively use data. The text suggests providing training and education to employees to improve their data literacy and skills.

10. The tenth part of the document discusses the importance of data innovation and future trends. It notes that data is a key driver of innovation and growth. The text suggests exploring new technologies and approaches to data analysis and management to stay ahead of the competition.