

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008750

AMENDED  
 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1075 STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in lb <u> yrs.</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3911 Oak</u>
3. NAME OF DECEASED (Type or print) First <u>Hannah D</u> Middle <u>D</u> Last <u>Edwards</u>			4. DATE OF DEATH Month <u>2</u> Day <u>27</u> Year <u>61</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-29-?</u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	9. AGE (last birthday) <u>APPROX. 83</u>
13a. FATHER'S NAME <u>THOMAS BURKE SR.</u>		13b. MOTHER'S MAIDEN NAME <u>MARY LYNDON</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS F.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MARY G. MEEHAM HOME</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Probable Aspiration

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

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

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  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION  
2-13-1961 to 2-27-1961  
11:25 p.m.

20g. COUNTY  
2-27-1961

20h. STATE

21. I attended the deceased from 2-13-1961 to 2-27-1961 and last saw her alive on 2-27-1961  
 Death occurred at 11:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
[Signature]

22b. ADDRESS  
2400 Perry - City

22c. DATE SIGNED  
2/27/61

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

23b. DATE  
2-3-61

23c. NAME OF CEMETERY OR CREMATORY  
ST MARYS

23d. LOCATION (City, town, or county) (state)  
KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR  
NELLOY - McGilley - EYAR

ADDRESS  
20 West Lindwood

25. DATE RECD. BY LOCAL REG.  
3-1-61

26. REGISTRAR'S SIGNATURE  
Ruth Long

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 BANK ELLIS  
 SHOULD READ  
 ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wm. J. Gentry

Licensed Embalmer No. 5038

P. O. Address K. C. Mo.

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