

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-017686

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2226

FILED MAY 19 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 19 yrs	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 St Joseph's Hosp.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 8605 E 53rd Terr Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RUTH Middle OMA Last NORRIS	4. DATE OF DEATH Month 5 Day 2 Year 1961
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5. SEX Fem	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/1/1912	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months 3 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Tuckerman, Arkansas	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Arthur Hunter	13b. MOTHER'S MAIDEN NAME Viola Hurst	14. NAME OF HUSBAND OR WIFE Dan Norris
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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.	17. INFORMANT Dan Norris, 8605 E 53rd Terr K C 29 Mo	Address
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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) Massive Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 3 Days 2 Months 10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Thrombo Phlebitis.	
	DUE TO (c) Hypertensive C.V. Disease	
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 checked="" 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 2:25 a.m. p. Month, Day, Year 11/30/59		

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 Raytown, Mo	COUNTY Mo	STATE
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21. I attended the deceased from 11/30/59 to 01/2/61 and last saw her/him alive on 5/2/61
Death occurred at 7:25 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. S. Beggs, M.D. (Degree or title)	22b. ADDRESS Raytown, Mo	22c. DATE SIGNED 5/4/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/5/61	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cem.	23d. LOCATION (City, town, or county) Kansas City, Mo	(State)
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24. FUNERAL DIRECTOR H. Sheil Colonial Funeral Home, 11924 E 47 K C Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-5-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Thomas A. Skelton

Licensed Embalmer No. 4954
P. O. Address K. P. M.

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.