# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=021179
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2891

FILED JUL 5 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Louise Loewy

1. PLACE OF DEATH
a. COUNTY Jackson County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo
Length of stay in 1b 1-6-1961
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neurological Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Shawnee
c. CITY OR TOWN TOPEKA
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 1706 Hudson
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Pearl Middle — Last BOURSAW
4. DATE OF DEATH Month 6 Day 9 Year 1961
5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-21-1888
9. AGE (last birthday) 72
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (City and state or country) Topeka, Kans.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME W. D. Reynolds
13b. MOTHER'S MAIDEN NAME Carrie Young
14. NAME OF HUSBAND OR WIFE LOUIS BOURSAW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Husband Address 1706 Hudson, Topeka, Kg

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CHRONIC BRAIN SYNDROME ass. with arteriosclerosis
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 COUNTY STATE
21. I attended the deceased from 1-6-1961 to 6-9-1961 and last saw her/him alive on 6-9-1961
Death occurred at 9:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Louise Loewy (Degree or title) M.D
22b. ADDRESS 2625 WEST PASEO
22c. DATE SIGNED 6-10-1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE June 10, 1961
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) Topeka (State) Kansas
24. FUNERAL DIRECTOR D.W. Newcomer Sons, ADDRESS 1331 Brush Creek Kansas City, Mo
25. DATE RECD. BY LOCAL REG. 6-10-61
26. REGISTRAR'S SIGNATURE Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 1961

## 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 Louis Ineat

Licensed Embalmer No. 4096

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.