

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041030

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5770 STATE FILE NUMBER

FILED DEC 11 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>                     |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Kansas City</u>                        |  | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u> |  | d. STREET ADDRESS (If outside, give location) <u>Hi Way 50 at Noland Rd</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Harry</u> Middle <u>E.</u> Last <u>Featherston</u> |  |  | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>16</u> Year <u>1961</u> |  |  |  |
|--|--|--|--|--|--|--|

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|--------------------|-------------------------------|---|------------------------------------|----------------------------------|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-10-1909</u> | 9. AGE (last birthday) <u>52</u> | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HR<br>Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet</u> | 11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Harry W. Featherston</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Morrell</u> | 14. NAME OF HUSBAND OR WIFE <u>Gertrude Featherston</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or No known) (If yes, give war or dates of service) <u>No</u> | 17. INFORMANT <u>Noland Road, K.C.</u><br><u>Gertrude Featherston, Hi Way 50 at</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                      | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| IMMEDIATE CAUSE (a) <u>Carcinomas</u>  | DUE TO (b) <u>Malignancy of lung</u> | <u>Unknown</u>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (c)                           |  |

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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.<br><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 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<br>Hour <u>12:37 AM</u> Month, Day, Year <u>Sept 20, 1961</u> | 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 <u>Kansas City, Missouri</u> |
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| 21. I attended the deceased from <u>Sept 20, 1961</u> to <u>Nov 16, 1961</u> and last saw him alive on <u>Nov 15, 1961</u><br>Death occurred at <u>12:37 AM</u> 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) <u>Martin P. Hunter M.D.</u> | 22b. ADDRESS <u>1408 Waldheim Bldg</u> | 22c. DATE SIGNED <u>11/17/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>11-18-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills, Inc</u> | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Floral Hills Memorial Chapels, Inc</u><br><u>Blue Ridge &amp; Gregory</u> | 25. DATE RECD. BY LOCAL REG. <u>11-18-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |
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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Martin P. Hunter  
MEDICAL CERTIFICATION

*Testimony  
out of  
Humber  
K. M. Jones  
K. M. Jones*

**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 *C. M. Jones*

Licensed Embalmer No. 3452

P. O. Address K. E. Jones

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.