

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-001607

STATE FILE NUMBER

Registration District No. 149, Primary Registration District No. 1002, Registrar's No. 11

AMENDED

FILED JAN 18 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in life life		d. STREET ADDRESS (If outside, give location) 718 E. Armour	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 718 E. Armour		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GARY Middle F. Last DeKRUUFF			4. DATE OF DEATH Month January Day 2 Year 1962
5. SEX Male	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 12-9-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self employed roofer		10b. KIND OF BUSINESS OR INDUSTRY Bonded Roofing Siding Co.	9. AGE (last birthday) 63
13a. FATHER'S NAME Richard D. DeKruyff		13b. MOTHER'S MAIDEN NAME Jennie Downs	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
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.	12. CITIZEN OF WHAT COUNTRY U.S.A.
17. INFORMANT Mrs. Hattie DeKruyff		Address 718 E. Armour	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 5 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Complete Heart Block			9 mo.
DUE TO (c) Arteriosclerotic Heart Disease			12 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Osteo arthritis			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 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 Hour _____ a.m. _____ p.m. Month, Day, Year _____		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 COUNTY STATE	
21. I attended the deceased from 3/1/60 to 1/2/62 and last saw ^{him} alive on 12-30-61 Death occurred at 3:30 PM 1-2-62 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Shenton Cramer M.D.		22b. ADDRESS 6100 Montway Mission Ks	22c. DATE SIGNED 1/2/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-5-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive
23d. LOCATION (City, town, or county) Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 1-3-62	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		26. REGISTRAR'S SIGNATURE Ruth Long	
ADDRESS Woodland			

H. R. Cran...
1931 F. B. I. OFFICE

Signed

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 James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address H. P. 2109

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.

H. R. Cran...