

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006501

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 953 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 32 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2207 East 67th Terr.		d. STREET ADDRESS (If outside, give location) 2207 East 67th Terr.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED			
First Middle Last			
MARY LOUISE GALBRAITH			
4. DATE OF DEATH			
Month Day Year			
FEB. 16, 1962			
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
Female	White		11/6/79
9. AGE (last birthday)		IF UNDER 1 YEAR	
82		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Homemaker		Domestic	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Tiffin, Ohio		U. S. A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Henry Adams		Mary Hessberger	
14. NAME OF HUSBAND OR WIFE		James A. Galbraith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT		Address	
Catherine Galbraith,		Terrace 2207 E. 67th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Coronary Thrombotic			Immediate
DUE TO (c) arteriosclerotic Heart Disease			many years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
Old myocardial infarction			
PART III. If deceased was female was there a pregnancy in last 90 days			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)			
20c. TIME OF INJURY			
Hour Month, Day, Year			
a.m. p.m.			
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 1961 early to Feb 6 1962 and last saw her alive on Dec 6 1961 Death occurred at 16 Feb. 62 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	
Donald E. Ginardi		4949 Menard Med. Cent. Rockhill Rd	
22c. DATE SIGNED		(State)	
17 Feb 62			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)
Burial-Removal	Feb. 18, 1962	Mt. Calvary Cemetery	Aurora Missouri
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.	
1331 Brush Creek Blvd.		2-19-62	
D. W. Newcomer's Sons		Kansas City, Mo.	
26. REGISTRAR'S SIGNATURE			
Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

MSB 1 - 1967

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. 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.