

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024706

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 278

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1963

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) OR TOWN INDEPENDENCE		c. CITY OR TOWN KANSAS CITY, MO.	
Length of stay in 1b 6 mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4040 Crysler Independence		d. STREET ADDRESS (If outside, give location) 5919 WABASH	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) LULU M. BOURQUIN			4. DATE OF DEATH Month JUNE Day 15 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1894	9. AGE (last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Union		10b. KIND OF BUSINESS OR INDUSTRY Western Union	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOHN WEIDMAN		13b. MOTHER'S MAIDEN NAME EMMA PITTMAN		14. NAME OF HUSBAND OR WIFE JOHN BOURQUIN

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. NO	17. INFORMANT MRS. C. SPENCER BLAND Independence Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of breast		1 yr
DUE TO (c)		

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	
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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
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>S. Arnold Henry M.D.</i>	(Degree or title)	22b. ADDRESS 1115 Grand K.C. Mo	22c. DATE SIGNED 6/17/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-18-63	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) KANSAS CITY MO.
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24. FUNERAL DIRECTOR MUEHLEBACH	ADDRESS 6800 TROOST K. C. MO	25. DATE RECD. BY LOCAL REG. 6-17-63	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

17005

27000

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Dr. S. David Henry

HA-1-1645

Chickent Bldg. 1115 Grand

In view I will be

2005
2000

JUL 18 1963

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 Robert G. Landes

Licensed Embalmer No. 5103

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.

6-17-63