

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4958

State File No.

FILED MAR 15 1954

709

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kansas City</u> c. LENGTH OF STAY (In this space) <u>63da</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Joplin</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Landon</u> c. (Last) <u>Mael</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-54</u>						
5. SEX <u>D</u> <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>12-10-22</u>			
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer - Electronic</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcoxis Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Mael</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Mael</u>		ADDRESS <u>Joplin, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Adrenal</u>				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastasis to Rt. iliac lymph glands</u>								<u>195X</u>	
19a. DATE OF OPERATION <u>1/26/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Extensive Carcinoma infiltrating l. Kidney</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12/16</u> , 19 <u>54</u> , to <u>2/14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/12</u> , 19 <u>54</u> , and that death occurred at <u>2:45</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Phillip H. Halperin M.D.</u>				23b. ADDRESS <u>Professional Bldg.</u>		23c. DATE SIGNED <u>2-14-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB. 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcoxis, Missouri</u>			
DATE REC'D BY LOCAL REG <u>2-14-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.W. Newcomer's Son</u>		ADDRESS <u>R.C. Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1958

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 Ray*

Licensed Embalmer No. *418*

P. O. Address *Kansas*

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.