RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032294

STATE FILE NUMBER

FILED VS SEP 23 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4350

NDED

1. PLACE OF DEATH a. COUNTY: Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 1 wk.	c. CITY OR TOWN: Cameron, Mo. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Menorah — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): RR # 4 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Charles Middle: Melville Last: DeHaven			4. DATE OF DEATH Month: Sept. Day: 3, Year: 1959	
5. SEX: Male	6. COLOR OR RACE: Caul	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: Oct. 9, 1878	9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Caldwell Co. Mo.	12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: J.A. DeHaven	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Deceased unk.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Mrs. M.J. McCrary, Weatherby, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Pyelonephritis, Diabetes mellitus

DUE TO (c): Cerebrovascular disease

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: Menorah Medical Center, Kansas City, COUNTY: Jackson Cy, STATE: Missouri

21. I attended the deceased from Aug. 28, 1959, to Sept. 3, 1959 and last saw her/him alive on Sept. 3, 1959.

Death occurred at 11:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter Harvey Jacobs, M.D.	22b. ADDRESS: 751 - East 63rd St. Kansas City 3, Mo	22c. DATE SIGNED: 9/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 9-4-59	23c. NAME OF CEMETERY OR CREMATORY: Graceland	23d. LOCATION (City, town, or county) (State): Cameron, Mo.
24. FUNERAL DIRECTOR ADDRESS: Poland Funeral Home, Cameron, Mo.	25. DATE RECD. BY LOCAL REG.: 9-8-59	26. REGISTRAR'S SIGNATURE: Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Walter Harvey Jacobs DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, T

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.