

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 14 1959 171

59-032922

STATE FILE NUMBER

Registration District No. 5637 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Lafayette				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 Clay Township		Length of stay in 1b		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Miles west Odessa			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5566 Crestwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Michael Paige Archer				4. DATE OF DEATH Month Day Year Oct. 10 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/6/1936	9. AGE (last birthday) 22	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Student		10b. KIND OF BUSINESS OR INDUSTRY Student		11. BIRTHPLACE (City and state or country) Kansas City Mo.		12. CITIZEN OF WHAT COUNTRY U.S. A.		
13a. FATHER'S NAME Joseph Paige Archer			13b. MOTHER'S MAIDEN NAME Rose Conrey			14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Active Marine Reserve (now)			16. SOCIAL SECURITY NO.		17. INFORMANT Address J.P. Archer 5566 Crestwood Dr., K.C. 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) Head on motor car collision DUE TO (b) Fracture of skull chest at radius & ulna T rib DUE TO (c) fracture of left femur & left humerus. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mandible & maxilla						INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fatal head on motor car collision				
20c. TIME OF INJURY Hour 2:30 a.m. Month, Day, Year 10-10-59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US Hwy 40 Odessa Mo		20f. CITY, TOWN, OR LOCATION Odessa Lafayette Mo		
21. I attended the deceased from after death to 10-10-59 and last saw him alive on never		Death occurred at about 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE W. Martin M.D. Coroner				22b. ADDRESS Odessa Mo		22c. DATE SIGNED 10-10-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/10/59		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR Husman Sparks Odessa Mo.				25. DATE RECD. BY LOCAL REG. 10-10-1959		26. REGISTRAR'S SIGNATURE Emma Davidson		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 15 1959

OCT 14 1959

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 William T. Sp...

Licensed Embalmer No. 443

P. O. Address Odessa

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.