

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 21 1960

60-011437

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5372 Registrar's No. 75

4-16-60 in
 4-18-60 in
 Rose Visor
 David Johnson, Susie Howard
 DOCUMENT Aff. of aunt, also.
 Rose Visor
 Martha Cason
 Calvin Sweeney, Martha Cason
 BY AFFIDAVIT OF Funeral Director
 3
 13a, 13b Calvin Sweeney, Martha Cason
 BY AFFIDAVIT OF Funeral Director

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) Rural Prairie		Length of stay in lb 5 wks.	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 507 W. Nettleton	
3. NAME OF DECEASED (Type or print) First Rosa Middle Rose Last Visor			4. DATE OF DEATH Month March Day 11 Year 1960		
5. SEX female	6. COLOR OR RACE negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/25/1890	9. AGE (last birthday) 59-69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) Glasgow, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Calvin Sweeney DAVID JOHNSON		13b. MOTHER'S MAIDEN NAME Martha Cason SUSIE HOWARD		14. NAME OF HUSBAND OR WIFE LEWIS VISOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT LEWIS VISOR Address 507 W NETTLETON		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinomatosis DUE TO (b) Cancer of Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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
21. I attended the deceased from <u>2-1-60</u> to <u>3-11-60</u> and last saw her/him alive on <u>3-11-60</u> Death occurred at <u>7:45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Phyllis Jean M.D.</i>			22b. ADDRESS <i>Lees Summit, Mo</i>		22c. DATE SIGNED <u>3/11/60</u>
23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	23b. DATE <u>3/16/60</u>	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN		23d. LOCATION (City, town, or county) INDEPENDANCE	STATE MO
24. FUNERAL DIRECTOR ADDRESS MANLOVE-WILLIAMS 1729 LIDIA		25. DATE RECD. BY LOCAL REG. 3-15-1960		26. REGISTRAR'S SIGNATURE <i>B Longford</i>	

STATEMENT BY LICENSED EMBALMER

MAR 22

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

Raymond Wells

Licensed Embalmer No. 465

P. O. Address R. C.

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.