

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 31 1960 280

60-012106

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 20.

1. PLACE OF DEATH a. COUNTY PLATTE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PLATTE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b 60 YEARS		c. CITY OR TOWN PLATTE CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOME - EAST OF PLATTE CITY Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) EAST OF PLATTE CITY		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES ROSS BEST				4. DATE OF DEATH Month Day Year MARCH 19, 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-1892	9. AGE (last birthday) 78	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) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (City and state or country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES E. BEST		13b. MOTHER'S MAIDEN NAME ALICE N. TAPP		14. NAME OF HUSBAND OR WIFE ANNA E. BEST			
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. 492-18-4573		17. INFORMANT Address ANNA E. BEST PLATTE CITY, 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) Myocardial infarction DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH ? hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary Arteriosclerosis & Hypertension							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
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 3-19-60 to 3-19-60 and last saw ^{her} him alive on 3-19-60 Death occurred at 6 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ch. Blackwell		(Degree or title) M.D.		22b. ADDRESS Platte City, Mo.		22c. DATE SIGNED 3/21/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-21-1960		23c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEMETERY		23d. LOCATION (City, town, or county) (State) PLATTE CITY, Mo.	
24. FUNERAL DIRECTOR Rollins-Mitchell		ADDRESS PLATTE CITY, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 21, 1960		26. REGISTRAR'S SIGNATURE Clifford Rollins	

(Licensed Embalmer's Statement on Reverse Side)

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 Tommy R. Rollins, Student Embalmer No. 584
working under my personal supervision.

Student Tommy R. Rollins
Signature of Student Embalmer

Signed: Roland M. Giff

Licensed Embalmer No. 4425

P. O. Address Platte City

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