

1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014287

FILED VS MAY 2 1960

042

Primary Registration District No. 1000

Registrar's No. 483

STATE FILE NUMBER

DOCUMENT Birth Certificate #72382
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Informant
R.L. Magiaz (H.D.)

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in lb 30 years		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1341 Buchanan			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1341 Buchanan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First WILLIAM Middle SHELBY Last MC CRITE				4. DATE OF DEATH Month April Day 16, Year 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 3/22/1891		9. AGE (last birthday) 68		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) Ret. farmer			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Douglas County, Mo.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME George McCrite				13b. MOTHER'S MAIDEN NAME Lucy Privett				14. NAME OF HUSBAND OR WIFE Bessie J.					
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. 491-09-9601		17. INFORMANT Address St. Joseph, Mo. Mrs. Bessie McCrite, 1341 Buchanan,							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Corony Occlusion										INTERVAL BETWEEN ONSET AND DEATH Immediate			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease										year			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cor Pulmonale, chronic Bronchitis, Pulmonary Fibrosis								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <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 8-3-56 to 4-16-60 and last saw him alive on 4-14-60 Death occurred at 9:55a. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Richard L. Magiaz (Degree or title) M.D.				22b. ADDRESS P.O. Box 216, St. Joseph, Mo				22c. DATE SIGNED 4-20-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 4/19/1960		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Joseph Mo.		(State)					
24. FUNERAL DIRECTOR Heaton-Bowman ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. April 22, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Standell							

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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 Charles F. Heagy, Student Embalmer No. 60
working under my personal supervision.

Student Charles F. Heagy Signed William Spelling
Signature of Student Embalmer

Licensed Embalmer No. 4530

P. O. Address St Joseph

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.