

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-020404

FILED VS MAY 27 1960

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 39 STATE FILE NUMBER \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Platte</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> COUNTY <b>WY</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fair</b>		Length of stay in 1b	c. CITY OR TOWN <b>Muncie</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>On 45 Highway 5 Miles West of Platte City, Mo</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>143 N. 64th st.</b>	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>John</b> Last <b>Leavey Jr.</b>			4. DATE OF DEATH Month <b>May</b> Day <b>22</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-27-1942</b>	9. AGE (last birthday) <b>18</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Station Atten.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gas Station</b>	11. BIRTHPLACE (City and state or country) <b>Kansas C</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Joseph John Leavey</b>		13b. MOTHER'S MAIDEN NAME <b>Juanita Cockrin</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>515-40-7537</b>		17. INFORMANT <b>143 N. 64th St. Joseph Leavey Muncie, Kansas</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BASAL SKULL FRACTURE</b> <b>BROKEN NECK</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>AUTO ACCIDENT</b>					INTERVAL BETWEEN ONSET AND DEATH <b>INST.</b>
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 type="checkbox"/> N. <input type="checkbox"/> Unknown	
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"/> <b>ACCIDENT</b>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>APPROX. 2:15 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Robert M. Giffee Coroner</b> (Degree or title)			22b. ADDRESS <b>Platte City, Mo.</b>		22c. DATE SIGNED <b>5-22-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5-22-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
24. FUNERAL DIRECTOR <b>Rollins &amp; Mitchell</b>		ADDRESS <b>Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>May 22, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Ophia Rollins</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 27 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Tommy B. Rollins, Student Embalmer No. 384

working under my personal supervision.

Student

Tommy B. Rollins  
Signature of Student Embalmer

Signed

Roland M. Giffey

Licensed Embalmer No. 4723

P. O. Address Platte City,

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