URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 25 1960

-60-026230
STATE FILE NUMBER

ENDED

Registration District No. 711 Primary Registration District No. 3012 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Police Station
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Excelsior Springs
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 610 Osage
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lonzo Middle Last Mc Cants
4. DATE OF DEATH Month June Day 28 Year 1960
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-22-1926
9. AGE (last birthday) 34
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher
10b. KIND OF BUSINESS OR INDUSTRY Cafe
11. BIRTHPLACE (City and state or country) Excelsior Springs, Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Lonzo Mc Cants
13b. MOTHER'S MAIDEN NAME Josephine Murray
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. 2
16. SOCIAL SECURITY NO. 495-20-6562
17. INFORMANT Mrs Josephine Mc Cants, Address Excelsior Spgs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Strangulation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hanging by Neck.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Pate M.D. (Degree or title) Coroner
22b. ADDRESS North Kansas City Mo.
22c. DATE SIGNED 7/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-1-60
23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo

24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home Excelsior Spgs, Mo
25. DATE RECD. BY LOCAL REG. 7-12-60
26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 3 1960

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_____ Signed Louise Jarma

Signature of Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs,

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