

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-027021

FILED VS AUG 15 1960

149

Primary Registration District No. 1002

3923

STATE FILE NUMBER

INDEXED

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) OR TOWN KANSAS CITY		Length of stay in 1b 5 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 7546 WYOMING STREET			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7546 WYOMING STREET			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DAVID Middle JAMES Last MERRELL			4. DATE OF DEATH Month JULY Day 28 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 SEPT. 25, 1907	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) REGIONAL SERVICE MANAGER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL ELECTRIC CO.		11. BIRTHPLACE (City and state or country) COSHOCTON, OHIO		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME HARVEY E. MERRELL			13b. MOTHER'S MAIDEN NAME SARAH CARR		14. NAME OF husband WIFE MRS. OLIVE H. MERRELL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II			16. SOCIAL SECURITY NO. 272-01-8248	17. INFORMANT MRS. OLIVE H. MERRELL Address 7546 WYOMING STREET			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary Carcinoma of Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH Months
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"/> 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 4-30-60 to 7-28-60 and last saw her alive on 7-28-60 Death occurred at 1:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE V B Ballard MD (Degree or title)				22b. ADDRESS 411 Nichols Rd KCMO		22c. DATE SIGNED 7/29/1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE July 30, 1960	23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 7-30-60	26. REGISTRAR'S SIGNATURE H L. Swyer, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

V. B. Ballard

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 _____
Signature of Student Embalmer

Signed Harold L. Eckler

Licensed Embalmer No. 3035

P. O. Address B. C. 24

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.