

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 1 1960 *59*

-60-029909

Registration District No. *5332* Primary Registration District No. *151* Registrar's No. *151* STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY <b>CASS</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>UNION</b>		a. STATE <b>MO.</b>		b. COUNTY <b>CASS</b>			
Length of stay in 1b <b>26 years</b>		c. CITY OR TOWN <b>BELTON</b>		c. CITY OR TOWN <b>BELTON</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FARM HOME. 5 MI.S OF BELTON</b>				d. STREET ADDRESS (If outside, give location) <b>5 MI. S. OF BELTON</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH					
First <b>CLIFFORD</b>		Middle <b>GLENN</b>		Last <b>WALL</b>		Month <b>8</b> Day <b>20</b> Year <b>1960</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5/16/1901</b>			
9. AGE (last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>5</b> Days <b>16</b>		IF UNDER 24 HR Hours <b>16</b> Min. <b>00</b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OPERATOR</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>STREET CAR</b>			11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO.</b>			
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			13a. FATHER'S NAME <b>DANIEL E. WALL</b>		13b. MOTHER'S MAIDEN NAME <b>DORA SHERMAN</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. CLIFFORD WALL</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>487-03-0158</b>		17. INFORMANT <b>MRS. WALL</b>			Address <b>BELTON, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION, ACUTE</b>							<b>5 MIN.</b>		
DUE TO (b) <b>CORONARY ATHEROSCLEROSIS</b>							<b>10 YRS.</b>		
DUE TO (c) _____									
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.		
<b>① DIABETES MELLITUS    ② OBESITY, MARKED</b>							<input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		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 _____ 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 <b>MAY 10, 1948</b> to <b>AUG. 29, 1960</b> and last saw him alive on <b>AUG. 15, 1960</b> . Death occurred at <b>6.30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Herbert A. Tracy, M.D.</b>				22b. ADDRESS <b>BELTON MO.</b>			22c. DATE SIGNED <b>8/22/1960</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>8/24/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BELTON CEMETERY</b>		23d. LOCATION (City, town, or county) <b>BELTON</b>		STATE <b>MO.</b>	
24. FUNERAL DIRECTOR <b>E.K. GEORGE &amp; SONS, BELTON, MO.</b>				25. DATE RECD. BY LOCAL REG. <b>8-24-1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Roy Sebrer</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 1 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard E. Dunge

Licensed Embalmer No. 3958

P.O. Address Beltway

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.