URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 173 -60-030952

FILED VS AUG 16 1960

STATE FILE NUMBER

ENDED

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 5573

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON		a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~SW-BAR TWP.~~ OAK GROVE-RURAL	Length of stay in 1b 4 YEARS	c. CITY OR TOWN OAK GROVE RURAL	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PAUL TAYLOR RESIDENCE R. R. # 2	Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) R. R. # 2	Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
Jewell		May	AUGUST	8	1960

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH	9. AGE (Last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
FEMALE	WHITE		APR. 27, 1898	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
AT HOME	---	DENVER, COLORADO	U. S. A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
UNKNOWN	UNKNOWN	MONTE MAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
NO	---	None	MRS. L. D. McCALLON	8732 HIGH DRIVE LEAWOOD, KANSAS

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (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. ☐ 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 4:05 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE	(Degree or title)	22b. ADDRESS	22c. DATE SIGNED
John W. Williams	MD	Oak Grove, MO	8-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(State)
BURIAL	AUGUST 11, 1960	MT. MORIAH CEMETERY	KANSAS CITY	MISSOURI

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
D. W. NEWCOMER'S SONS	1331 BRUSH CREEK KANSAS CITY, MO.	8-11-60	M. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Harry E. Clemens

Licensed Embalmer No. 4550

P. O. Address Pleasant Hill

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