

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030953

FILED VS AUG 16 1960

154

Primary Registration District No. 5575

Registrar's No. 29

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural Washington Twp</b>		Length of stay in 1b <b>minute</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 <b>0.3 mi. N. County Line</b> INSTITUTION <b>on Holmes Street</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>Route 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Edwin</b> Middle <b>Wesley</b> Last <b>Mitts</b>				4. DATE OF DEATH Month <b>8</b> Day <b>9</b> Year <b>60</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>10/25/'28</b>	
9. AGE (last birthday) <b>31</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembler</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Manufacturer</b>			11. BIRTHPLACE (City and state or country) <b>Strasburg, Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>Ora Mitts</b>				13b. MOTHER'S MAIDEN NAME <b>Minnie Ramey</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Mitts</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> or unknown <input type="checkbox"/> (If yes, give war and years of service) <b>W. W. II</b>				16. SOCIAL SECURITY NO. <b>492-28-5958</b>		17. INFORMANT Address <b>Mrs. Dorothy Mitts Belton, Mo</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>Crushed Rt Chest to femur</b> DUE TO (b) <b>Tibio Fibula Rt</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>One car struck a tree</b>			
20c. TIME OF INJURY Hour _____ a.m. <b>8-9.60</b> p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Belton</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Belton Jackson MO</b>	
21. I attended the deceased from _____ to _____ and last saw 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 (Degree or title) <b>Douglas Queen Coroner</b>				22b. ADDRESS <b>152 Union Station</b>		22c. DATE SIGNED <b>8-9-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/11/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Belton, Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>E. K. George &amp; Sons Belton, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>8/9/60</b>		26. REGISTRAR'S SIGNATURE <b>Douglas Queen</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 9 1960

AUG 17 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. George

Licensed Embalmer No. 3958

P. O. Address Beltway W

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