JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 1 2 1960

-60-030958
STATE FILE NUMBER

NDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 183

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie
Length of stay in 1b 1day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 112 W. Nettleton (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First RICE Middle RANDOLPH Last SALLEE

4. DATE OF DEATH Month Sept. Day 2, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 16, 1910
9. AGE (last birthday) 50
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) Contract Trucker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Indep, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Orange Sallee
13b. MOTHER'S MAIDEN NAME Ella Harbison
14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 493-34-5730
17. INFORMANT Mrs Ethel Veuleman Address Indep. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metabolic acidosis — INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes mellitus — unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Kimmelstiel-Wilson's Disease

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 Sept. 1, 1960, to Sept 2, 1960 and last saw her/him alive on Sept. 2, 1960
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William A. Abernathy (Degree or title) MD
22b. ADDRESS 10901 Hinner Rd., Independence Mo
22c. DATE SIGNED 9-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept, 6, 1960
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Memory Gardens
23d. LOCATION (City, town, or county) (State) E. Of Indep Ja. Co.

24. FUNERAL DIRECTOR OTT & MITCHELL
ADDRESS INDEP. MO.
25. DATE RECD. BY LOCAL REG. 9-5-60
26. REGISTRAR'S SIGNATURE M B Langsford

(Licensed Embalmer's Statement on Reverse Side)

SEP 13 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Henry S. Mitch

Licensed Embalmer No. 392

P. O. Address Indep

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