

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001514

FILED VS FEB 8 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 378 STATE FILE NUMBER

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 RR#3 Kansas City Mo		Length of stay in lb 2 mo 5 da		c. CITY OR TOWN Oak Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2 mi North		
3. NAME OF DECEASED (Type or print) First Joe Middle Malee Last Malee			4. DATE OF DEATH Month Jan Day 20 Year 1961					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-29-1980		
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 80 Days 0 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder			10b. KIND OF BUSINESS OR INDUSTRY Furnace Repair		11. BIRTHPLACE (City and state or country) Kansas U.S.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Joseph Malee			13b. MOTHER'S MAIDEN NAME Mary Bonley			14. NAME OF HUSBAND OR WIFE Widowed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Ted Malee Address Oak Grove			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH Unknown	
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. <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 11-16-60 Month, Day, Year		Hour 10:30 a.m. p.m.		and last saw him alive on 1-20-61				
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 11-16-60 to 1-20-61 and last saw him alive on 1-20-61 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. P. McCalla, M.D.			22b. ADDRESS Jackson Co. Hospital, Kansas City, Mo			22c. DATE SIGNED 1-20-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan 22, 1961		23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) Oak Grove Mo.		
24. FUNERAL DIRECTOR Hopper-Royer ADDRESS Oak Grove, Mo			25. DATE RECD. BY LOCAL REG. 1-23-61		26. REGISTRAR'S SIGNATURE Ruth Long			

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
J. P. McCalla

FEB 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Kenneth Royce

Licensed Embalmer No. 4591

P. O. Address Oak Grove, Mo.

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.