

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 61-005419

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 647

FILED VS FEB 20 1961

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b D.O.A.	c. CITY OR TOWN GRANDVIEW		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. GENERAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 13318 Bennington Avenue	
3. NAME OF DECEASED (Type or print) First Middle Last DAVID STANLEY MacDONALD			4. DATE OF DEATH February 4, 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/30/1943	9. AGE (last birthday) 17 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SENIOR-GRANDVIEW H.S.		10b. KIND OF BUSINESS OR INDUSTRY SACKER-MILGRIM STORE TRUMAN CORNERS		11. BIRTHPLACE (City and state or country) Oakland, Calif.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME STANLEY W. MacDONALD		13b. MOTHER'S MAIDEN NAME BETTY JO DYER	
14. NAME OF HUSBAND OR WIFE -----			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		
16. INFORMANT BETTY JO McBRIDE GRANDVIEW, MO.			17. ADDRESS 13318 BENNINGTON		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage in Lungs DUE TO (b) Mediatum of Myocardium DUE TO (c) Ruptured fever structure of Myocardium		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart		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 checked="" type="checkbox"/> NO <input 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.) One Car ran into car	
20c. TIME OF INJURY 3:00	Hour a.m. - 1-46	Month, Day, Year ex substitution	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY STATE Jackson MO
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ 1:10a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Hugh H. Newcomer	22b. ADDRESS 152 Union Station	22c. DATE SIGNED 2-4-61
23. BURIAL CREMATION, REMOVAL (Specify) Burial	25b. DATE Feb. 7, 1961	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	25. DATE RECD. BY LOCAL REG. 2-7-61
26. REGISTRAR'S SIGNATURE Ruth Long		

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
OWNERS  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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 B. J. Nelson

Licensed Embalmer No. 4421

P. O. Address Kansas City, 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.