

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI  
-61-005614

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 9

FILED VS FEB 27 1961

AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 ITEM NO.

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>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>BLUE SPRINGS</b>		Length of stay in lb <b>10 yrs</b>	c. CITY OR TOWN <b>BLUE SPRINGS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>602 So. 15TH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>602 So. 15TH</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>HALEY</b> Last <b>DAVIS</b>			4. DATE OF DEATH Month <b>2</b> Day <b>15</b> Year <b>61</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-12-1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (City and state or country) <b>VANDALIA MO. US</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME	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) <b>NO</b>		17. INFORMANT <b>Mrs A.H. Dickinson</b> Address <b>Blue Springs</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>Cardiac &amp; Respiratory Arrest</b> DUE TO (b) <b>Congestive Heart Failure</b> DUE TO (c) <b>Senility &amp; Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>3 years</b>
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 <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year	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 <b>Feb 8, 1961</b> to <b>Feb 15, 1961</b> and last saw him alive on <b>Feb 15, 1961</b> Death occurred at <b>Feb 15 1961 2:45 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James H. Via, DO</b> (Degree or title)		22b. ADDRESS <b>Blue Springs, Mo</b>	22c. DATE SIGNED <b>2-16-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>2-17-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
24. FUNERAL DIRECTOR <b>Mayfield</b> ADDRESS <b>Blue Springs</b>	25. DATE RECD. BY LOCAL REG. <b>2-17-61</b>	26. REGISTRAR'S SIGNATURE <b>M. Blongford</b>	

FEB 28 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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs, 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.