

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

18561-013695 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1899

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF H. H. OWENS MEDICAL CERTIFICATION

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1899

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 10 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1330 E 8th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Missouri Belle Cox April 17 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-11-1868 9. AGE (last birthday) 93
 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) housewife 10b. KIND OF BUSINESS OR INDUSTRY home 11. BIRTHPLACE (City and state or country) Carroll Co Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George A. Nance 13b. MOTHER'S MAIDEN NAME Ailvey Isom 14. NAME OF HUSBAND OR WIFE unknown

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. none 17. INFORMANT Mrs. N. Phillips, N.C. Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Broncho Pneumonia INTERVAL BETWEEN ONSET AND DEATH
 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. 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 _____ to _____ and last saw her/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) Ruth of Owens Coroner 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 4-18-61
 23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 4-18-61 23c. NAME OF CEMETERY OR CREMATORY Braymer Mo 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR Mead-Pitts Mort. Braymer, Mo ADDRESS Braymer, Mo 25. DATE RECD. BY LOCAL REG. 4-18-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 John R. Dehn
Licensed Embalmer No. 4531
P. O. Address Kansas City

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.