

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013884

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1724

FILED APR 26 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 18 yrs.
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 805 Dittman Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Jerry LeRoy Misner April 7, 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 10/17/1942 9. AGE (last birthday) 18 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) Student CMSC 10b. KIND OF BUSINESS OR INDUSTRY Warrensburg, Mo. 11. BIRTHPLACE (City and state or country) Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Charles T. Misner 13b. MOTHER'S MAIDEN NAME Dorothy Burge 14. NAME OF HUSBAND OR WIFE none

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 Address Charles T. Misner 805 Dittman

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) fractured skull epidural haematoma diffuse oedema
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) bruise
 DUE TO (c) bruise
 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.) struck over head with lead pipe

20c. TIME OF INJURY Hour a.m. Month, Day, Year 3:30 p.m. 4-26-61
 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.) street 20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson mo

21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ruth Owens Cornum 22b. ADDRESS 152 main station 22c. DATE SIGNED 4-7-61

23a. BURIAL OR CREMATION, (Specify) burial 23b. DATE Apr. 10, 1961 23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery 23d. LOCATION (City, town, or county) (State) Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS Earp & Sons Kansas City, Missouri 25. DATE RECD. BY LOCAL REG. 4-7-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 OWENS
 BY AFFIDAVIT OF

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 William H. Egan

Licensed Embalmer No. 4728

P. O. Address K.C. 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.