

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2575 -61-017611
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2575

AMENDED

FILED JUN 12 1961

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 Kansas City, 39, Mo.		c. CITY OR TOWN Blue Springs	
Length of stay in 1b 3 months		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp		d. STREET ADDRESS (If outside, give location) 68B Lake Tapawingo	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Donna Middle Mae Last Long			4. DATE OF DEATH Month 5 Day 22 Year 61			
5. SEX Female	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 7-9-1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Middle Tennessee		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME James Holland		13b. MOTHER'S MAIDEN NAME Martha Lou FARRIS Deceased		14. NAME OF HUSBAND OR WIFE Lake Tapawingo		

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. NOTE	17. INFORMANT Mrs Emma Hays 670	Address Lake Tapawingo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ASHD		unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	unknown
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic brain syndrome		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	
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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 a.m. p.m.	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 Blue Springs	COUNTY Jackson	STATE Missouri
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21. I attended the deceased from **3-25-61** to **5-22-61** and last saw her/him alive on **5-20-61**
Death occurred at **12:40** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Woodward	(Degree or title)	22b. ADDRESS Independence, Mo	22c. DATE SIGNED 5-22-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Buried	23b. DATE 5-24-61	23c. NAME OF CEMETERY OR CREMATORY mt. Grove Cem	23d. LOCATION (City, town, or county) (State) Independence, Mo
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24. FUNERAL DIRECTOR Mayfield	ADDRESS Blue Springs, Mo	25. DATE RECD. BY LOCAL REG. 5-24-61	26. REGISTRAR'S SIGNATURE Ruth Long
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Woodward**

SHOULD READ

ITEM NO.

JUN 20 1961

JUN 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

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.