

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-017909

STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 289

FILED JUN 13 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Length of stay in 1b <u>11 yrs</u>	c. CITY OR TOWN <u>Independence</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Route #3 Gruber Rd</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Route 3</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ezzie Middle D Last Cham 4. DATE OF DEATH Month June Day 3 Year 1961

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Jan 2, 1878 9. AGE (last birthday) IF UNDER 1 YEAR Months 82 Days 2 IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home 10b. KIND OF BUSINESS OR INDUSTRY None BIRTHPLACE (City and state or country) Rocky Comfort Mo USA 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James H. Crawford 13b. MOTHER'S MAIDEN NAME Amada Arnold 14. NAME OF HUSBAND OR WIFE James Yahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) no (If yes, give war or dates of service) SOCIAL SECURITY NO. None 17. INFORMANT Denna Elder address Route 3 Rt Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerotic heart disease

DUE TO (c) senility

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 April 27, 1955 to June 3, 1961 and last saw her him alive on June 3, 1961 Death occurred at 7:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John L. Weisler D.D. (Degree or title) Bushner, Mo. 22b. ADDRESS _____ 22c. DATE SIGNED 6-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Reservoir June 4/61 23b. DATE June 4, 1961 23c. NAME OF CEMETERY OR CREMATORY Munice Chapel 23d. LOCATION (City, town, or county) (State) Wheaton Mo

24. FUNERAL DIRECTOR Boque Funeral Home ADDRESS Wheaton Mo 25. DATE RECD. BY LOCAL REG. 6-4-61 26. REGISTRAR'S SIGNATURE Alta L. Craig

(Accepted Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. 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.