

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=61-021545**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. **146**

Primary Registration District No. **3026**

Registrar's No. **314**

**FILED JUN 27 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF **Paul H. Overmedical Certification**

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>INDEPENDENCE</b>		Length of stay in 1b <b>13 YRS.</b>	c. CITY OR TOWN <b>INDEPENDENCE</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>313 N. HUFFIG</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>313 N HUFFIG</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ROSS MILLARD ATWELL</b>			4. DATE OF DEATH Month Day Year <b>6 10 61</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-7-20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSPECTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FORD MOTOR CO.</b>	9. AGE (last birthday) <b>41</b>
11a. FATHER'S NAME <b>JOHN F. ATWELL</b>		11b. MOTHER'S MAIDEN NAME <b>MARY MURRAY</b>	9. AGE (last birthday) <b>41</b>
11c. SOCIAL SECURITY NO. <b>WWD</b>		17. INFORMANT <b>MARJORIE ATWELL 313 N HUFFIG</b>	
11d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
11e. NAME OF HUSBAND OR WIFE <b>MARJORIE A ATWELL</b>		14. NAME OF HUSBAND OR WIFE <b>MARJORIE A ATWELL</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>Coronary Occlusion</b>			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. <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 _____ 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	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul H. Overmedical</b> (Degree or title)		22b. ADDRESS <b>152 Union Station</b>	22c. DATE SIGNED <b>6-11-61</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>6-11-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. ALOYSIUS CEMETERY</b>	23d. LOCATION (City, town, or county) <b>BARING MO.</b>
24. FUNERAL DIRECTOR <b>SHEIL FUNERAL HOME K.C. MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-11-61</b>	26. REGISTRAR'S SIGNATURE <b>Alvin F. Craig</b>

DO NOT WRITE IN THESE SPACES

**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 P. Sheel

Licensed Embalmer No. 5070

P. O. Address KC. 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.