

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021562

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 53

AMENDED

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp.		Length of stay in 1b 2 weeks		c. CITY OR TOWN Bevier		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi. S.W. Lee's Summit			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 Miles North Bevier		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Otto Middle ----- Last Cress				4. DATE OF DEATH Month June Day 24 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 6, 1886	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Bevier, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Cress			13b. MOTHER'S MAIDEN NAME Margaret Zenier		14. NAME OF HUSBAND OR WIFE Ella Mae Cress		
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. 493-28-6243A		17. INFORMANT Clevah Cattlett, Lee's Summit, 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) Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH 1 day	
DUE TO (b) Arteriosclerotic Heart Disease						1:30	
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 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 <u>June 24, 1961</u> to <u>June 24, 1961</u> and last saw him alive on <u>6-24-61</u> Death occurred at <u>4:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Clint Miller MD</i>				22b. ADDRESS <i>Lee's Summit, Mo</i>		22c. DATE SIGNED <i>6-24-61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 27, 1961	23c. NAME OF CEMETERY OR CREMATORY Bevier Cemetery		23d. LOCATION (City, town, or county) Bevier, Missouri		
24. FUNERAL DIRECTOR Edwards Funeral Home, Bevier, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 6-26-1961	26. REGISTRAR'S SIGNATURE <i>N. B. Langford</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 JUL 7

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 W B Langford
Licensed Embalmer No. 3833
P. O. Address Lee's Summit

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.