SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021577
STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 303

FILED JUN 20 1961

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Raytown Missouri — Length of stay in 1b: 10 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Blue Ridge Nersing Home — Inside Limits Yes ☐ No ☐ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Raytown — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 9215 E. 65th. Terr. — Reside on Farm Yes ☐ No ☐ X

3. NAME OF DECEASED (Type or print): First: Nick Middle: Howard Last:
4. DATE OF DEATH: Month Day Year: 6-13-61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-30-1876
9. AGE (last birthday): 85
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Austria
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: UNK
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: Victoria Howard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Christine Scearcy Address: 5721 Blue Ridg Blvd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterial Sclerotic Ht. disease. — INTERVAL BETWEEN ONSET AND DEATH: 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arterial Sclerosis. — 20 years
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. ☐ 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 a.m. p.m. Month, Day, Year
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 6/29/54, to 6/13/61 and last saw her/him alive on 6/10/61
Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. L. Begg, M.D.
22b. ADDRESS: Raytown, Mo.
22c. DATE SIGNED: 6/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-61
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS: Sheil Funeral Home K. C. Missouri
25. DATE RECD. BY LOCAL REG.: 6-15-61
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____

Licensed Embalmer No. 3625

P. O. Address_____

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.