

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025340

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3058 STATE FILE NUMBER

AMENDED

FILED JUL 17 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</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 checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside give location) <u>5005 B 9th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Howard B. Mc Maken</u>			First Middle Last		4. DATE OF DEATH Month <u>6</u> Day <u>17</u> Year <u>61</u>	
---	--	--	-------------------	--	---	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-5-1908</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
--------------------	-------------------------------	---	----------------------------------	----------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wohl Shoe Co.</u>	11. BIRTHPLACE (City and state or country) <u>OHIO</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Forest L. Mc Maken</u>	13b. MOTHER'S MAIDEN NAME <u>Lidia A. Granson</u>	14. NAME OF HUSBAND OR WIFE <u>Dora L. Scherer</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	17. INFORMANT <u>Jerry Mc Maken</u> Address <u>4311 Smith Ave Westlake, Ohio</u>
---	--

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) <u>malnutrition and dehydration severe</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>bilateral pulmonary edema</u>	
DUE TO (c) <u>pneumonia</u>		
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>5/26/61</u> to <u>6/17/61</u> and last saw him alive on <u>6-17-61</u> Death occurred at <u>12:33A</u> on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>2400 Pershing City</u>	22c. DATE SIGNED <u>9/19/61</u>
---	--	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-20-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. CALVARY</u>	23d. LOCATION (City, town, or county) <u>Kansas City</u>	23e. STATE <u>MO.</u>
--	--------------------------	---	--	-----------------------

24. FUNERAL DIRECTOR ADDRESS <u>Sheil Funeral Home KCMO</u>	25. DATE RECD. BY LOCAL REG. <u>6-19-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
---	---	--

DATE AMENDED 6-23-61
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF Dora L. Scherer
ITEM NO. 13b SHOULD READ Lydia Ann Branson
BY AFFIDAVIT OF Informant Frank Ellis MEDICAL CERTIFICATION

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 Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address Keeno

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.