MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-028678
STATE FILE NUMBER

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 92

FILED SEP 15 1961

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs
Length of stay in 1b: ✓
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Excelsior Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clinton
c. CITY OR TOWN: Rural
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 5 miles north of Lawson
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: RUSSELL Middle: WILLIAM Last: MAINZ
4. DATE OF DEATH: Month: Sept Day: 2 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar 24 '61
9. AGE (last birthday): IF UNDER 1 YEAR: Months 6 Days 8 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Excelsior Springs Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Francis Mainz
13b. MOTHER'S MAIDEN NAME: Marilyn Jagarden
14. NAME OF HUSBAND OR WIFE: None
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: Francis Mainz Address: Lawson Mo

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): Pneumonitis, Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Probably viral in origin
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O Hale MD Coroner
22b. ADDRESS: North Kansas City Mo
22c. DATE SIGNED: 9/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-4-61
23c. NAME OF CEMETERY OR CREMATORY: Lawson Cemetery
23d. LOCATION (City, town, or county) (State): Lawson Mo
24. FUNERAL DIRECTOR ADDRESS: Jarman Funeral Home - Lawson Mo
25. DATE RECD. BY LOCAL REG.: 9-10-61
26. REGISTRAR'S SIGNATURE: Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Lindell Jarman

Signature of Student Embalmer

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.