

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-029385
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3957

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

AMENDED
FILED AUG 28 1961

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b -	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>General Hosp.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <i>2122 Park</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Millie</i> Middle <i>Jones</i> Last <i>Jones</i>			4. DATE OF DEATH Month <i>8</i> - Day <i>7</i> - Year <i>61</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>apl 61</i>
9. AGE (last birthday) <i>apl 61</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Unknown</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Unknown</i>	11. BIRTHPLACE (City and state or country) <i>Unknown</i>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <i>Unknown</i>	
13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT <i>General Hosp</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the pharynx & metastases</i> 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			INTERVAL BETWEEN ONSET AND DEATH
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 <i>5-20-61</i> to <i>8-7-61</i> and last saw him alive on <i>8-7-61</i> Death occurred at <i>3:00 pm</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank Ellis</i> (Degree or title)		22b. ADDRESS <i>2400 McCoy</i>	22c. DATE SIGNED <i>8-8-61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>8-9-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>State Anatomical Society (St. Louis)</i>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>Manlove-Williams 1729 Lydia</i>		25. DATE RECD. BY LOCAL REG. <i>8-9-61</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

DEC 1 1951

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 Raymond Wilbur

Licensed Embalmer No. 4603

P. O. Address St. C. 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.