

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Filed SEP 8 1961

Primary Registration District No. 1002 Registrar's No. 4235

DATE AMENDED

12/5/61
12/5/61

INSTEAD OF

Maintenance Preventive Inspector - Engineer
Railroad - Blank

ITEM NO. SHOULD READ

10a G.S.A. - 496-01-5476
10b & 16 G.S.A. - 496-01-5476

BY AFFIDAVIT OF Funeral Director

Donald H. Freeman MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 25 years	c. CITY OR TOWN Kansas City, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K. C. Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 128 North Lawn
3. NAME OF DECEASED (Type or print) First JOHN Middle J. Last KING		4. DATE OF DEATH Month August 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 5-6-98
9. AGE (last birthday) 63 years		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 Engineer-Maintainer		10b. KIND OF BUSINESS OR INDUSTRY Railroad G.S.A.	11. BIRTHPLACE (City and state or country) Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James D. King	
13b. MOTHER'S MAIDEN NAME Mary Hays		14. NAME OF HUSBAND OR WIFE Opal King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		17. INFORMANT Address VA Hospital Official Records, K.C. 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) Pulmonary Edema DUE TO (b) Arteriosclerotic Heart disease. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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) Carcinoma of colon with metastasis			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 checked="" 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.		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.) VA		20f. CITY, TOWN, OR LOCATION VA	COUNTY _____ STATE _____
21: <input checked="" type="checkbox"/> attended the deceased from Aug. 22, 1961 to Aug. 24, 1961		Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Donald H. Freeman (Degree or title) M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 8-25-61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8/29/1961	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) Kansas City MO
24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 1800, E. Linwood		25. DATE RECD. BY LOCAL REG. 8-25-61	26. REGISTRAR'S SIGNATURE Ruth Long

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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address Indep., 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.