

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ARTICLE OF PUBLIC HEALTH AND WELFARE

=61-029809

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 67

AMENDED

FILED AUG 22 1961

1. PLACE OF DEATH a. COUNTY FOUND - JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE UNKNOWN b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GRAIN VALLEY		Length of stay in 1b UNKNOWN	c. CITY OR TOWN UNKNOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR West Arm of Sni-Creek West INSTITUTION of Grain Valley, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) UNKNOWN Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last UNKNOWN			4. DATE OF DEATH Month Day Year FOUND - Aug. 4, 1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH UNKNOWN	9. AGE (last birthday) UNKNOWN	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) UNKNOWN	12. CITIZEN OF WHAT COUNTRY UNKNOWN	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE	
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. NONE	17. INFORMANT Address W.T. Goodman, Deputy Coroner, Jackson Co.		

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) Death from neglect & or mutilation of body -		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Legs	
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	
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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.) Amputation of both arms & legs	
20c. TIME OF INJURY Hour a.m. p.m. Legs	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 _____ 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.

22. SIGNATURE (Degree or title) W. C. Gooden, Deputy Coroner	22b. ADDRESS 6627 Park St, Lees	22c. DATE SIGNED 8-4-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-9-61	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.		23d. LOCATION (City, town, or county) (State) Independence, Missouri

25. DATE REG. BY LOCAL REG. 8/9/61	26. REGISTRAR'S SIGNATURE W. C. Gooden
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

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 not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signature George B. Carson

Licensed Embalmer No. 2249

P. O. Address Independence

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.