

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-032228

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 166

AMENDED
 DATE AMENDED
 10/24/61
 9/16/61 & No
 9/15/61 & Yes
 SHOULD READ
 4 & 19

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City No.</u> Length of stay in lb		c. CITY OR TOWN <u>Weston</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Under Harry S. Truman R.P. Bridge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Henry GARFIELD Marcotte</u>		4. DATE OF DEATH Month Day Year <u>Sept. 16, 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 1910</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Harvesting Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>& Farmer</u>	11. BIRTHPLACE (City and state or country) <u>North Dakota</u>
13a. FATHER'S NAME <u>Garfield Marcotte</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Miller</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</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 - Address <u>Hazel Marcotte, Weston, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown: Thought to have drowned in Mo. River. Disappeared while working in construction of grain elevators near Randolph area.</u> DUE TO (b) _____ 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)			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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 Month, Day, Year 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>D. H. H. (Coroner)</u>		22b. ADDRESS <u>North Kansas City Mo.</u>	22c. DATE SIGNED <u>9/26/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/28/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Weston Mound Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Weston Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer's Sons K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-61</u>	26. REGISTRAR'S SIGNATURE <u>Marquise Hudgens</u>

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF Attendant

1961 9 100

OCT 4 1961

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 John H. H. H. H. H.

Licensed Embalmer No. 4949

P. O. Address No. Kansas

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.