

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036853

5354

STATE FILE NUMBER

AMENDED

FILED NOV 13 1961

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

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 3 wks.	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.E. OSTEOPATHIC HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 16111 COGAN LANE
3. NAME OF DECEASED (Type or print) First EARL Middle C. Last COURTNEY		4. DATE OF DEATH Month OCTOBER Day 27 , 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 7-24-1916
9. AGE (last birthday) 45		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) FILLER		10b. KIND OF BUSINESS OR INDUSTRY AIR REDUCTION	11. BIRTHPLACE (City and state or country) BATTLE CREEK, IOWA
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME HARRISON M. COURTNEY	
13b. MOTHER'S MAIDEN NAME MARTHA E. CRAVIN		14. NAME OF HUSBAND OR WIFE MARJORIE L. COURTNEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT Address Marjorie L. Courtney, 16111 Cogan Lane, Indep
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 8 hr
DUE TO (b) Metastatic CA chest			?
DUE TO (c) Primary CA gastric			?
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 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 9/21/61 to 10/27/61 and last saw her/him alive on 10/27/61 Death occurred at 4:25A on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Maynard L. Whetstone, D.O.		22b. ADDRESS Independence Mo	22c. DATE SIGNED 10/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-30-61	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 10-27-61	26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF **Maynard L. Whetstone** CERTIFICATION

Dr. Villetta
Indy IN
401 W Truman
2 To 6

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.