

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5287 **-61-037080** STATE FILE NUMBER

DATE AMENDED	1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson					
	b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City	Length of stay in 1b DOA	c. CITY OR TOWN Mission Hills	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 6545 Wenonga Road	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	3. NAME OF DECEASED (Type or print) First JULIA Middle LEE Last MAURER			4. DATE OF DEATH Month October Day 21 Year 1961			
	5. SEX Female	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 5/15/1915	9. AGE (last birthday) 46	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) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.		
	13a. FATHER'S NAME Paul Bradford		13b. MOTHER'S MAIDEN NAME Bess Carter		14. NAME OF HUSBAND OR WIFE William E. Maurer		
	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. None	17. INFORMANT William E. Maurer, 6545 Wenonga Road			
	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)	Strangulation					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Balanced meat in larynx					
	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.			
Asperteriosis				<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 INSIDE <input type="checkbox"/> OUTSIDE <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.) Eating when she found					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 10-21-61	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, m. factory, street, office bldg., etc.) Restaurant	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ruth of DeWitt Carson			22b. ADDRESS 152 Union Station		22c. DATE SIGNED 10-23-61		
23a. BURIAL CREMATION REMOVAL (Specify) Burial		23b. DATE Oct. 23, 1961	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) Kansas City	STATE Missouri		
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		ADDRESS 1331 Brush Creek Blvd.	25. DATE RECD. BY LOCAL REG. 10-23-61	26. REGISTRAR'S SIGNATURE Ruth Long			

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 _____, 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.