

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037221

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 5110

STATE FILE NUMBER

FILED OCT 27 1961

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 yrs 18 yrs	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 719 North Fuller	
3. NAME OF DECEASED (Type or print) First Myrtle , Middle Lee , Last Spillers			4. DATE OF DEATH Month October , Day 12 , Year 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Aug 10 1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during last year and conditions if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (City and state or country) Brookfield, Mo	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert L. Crane		13b. MOTHER'S MAIDEN NAME Mary Ann Wear	
14. NAME OF HUSBAND OR WIFE Dorothy Covington, 719 N. Fuller		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.	
17. INFORMANT Dorothy Covington, 719 N. Fuller		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease 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 unknown	
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 _____, 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 10-12-61 and last saw her alive on 10-11-61 . 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) J.P. McCalla, M.D.			22b. ADDRESS Jackson Co. Hospital		22c. DATE SIGNED 10-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 14, 1961	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR Floral Hills, Blue Ridge & Gregory			25. DATE RECD. BY LOCAL REG. 10-13-61		26. REGISTRAR'S SIGNATURE Ruth H. Long

Kansas City 33, Mo. (Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

J. P. McCalla, M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. J.P. McCall
6312 Raintown Rd.
Raintown Pa.
after 2 p.m.
3-3-60

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 E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address R. E. K...

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.