

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040422

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 111

STATE FILE NUMBER

FILED NOV 21 1961

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Length of stay in 1b 7 yr. 5	c. CITY OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Springs Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1026 Fredricksburg Road	
3. NAME OF DECEASED (Type or print) First James D Middle Cody Last Cody			4. DATE OF DEATH Month Nov Day 3 Year 1961		
5. SEX M	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 March 19 1907	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and state or country) Deerfield Kans.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John P Cody		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nell Cody	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes V.W.I.B		16. SOCIAL SECURITY NO.		17. INFORMANT Name Nell Cody Address Excelsior Springs, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden death following surgery for Carcinoma of Stomach & Metastasis					INTERVAL BETWEEN ONSET AND DEATH 14 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mr. B. (Cause of death not apparent at autopsy) 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	
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.)	
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 Oct. 24, 1961 to Nov. 3, 1961 and last saw her/him alive on Nov 3, 1961 Death occurred at 12 noon m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Eugene B. Robinson			22b. ADDRESS Excelsior Springs, Mo		22c. DATE SIGNED 11/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 3, 1961	23c. NAME OF CEMETERY OR CREMATORY Kidder		23d. LOCATION (city, town, or county) (State) Kidder, Mo.
24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home, Cameron, Mo.			25. DATE RECD. BY LOCAL REG. 11-16-61		26. REGISTRAR'S SIGNATURE Barclay Hutchings

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

NOV 22 1961

JAN 3 1962

JUN 19 1962

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

Louise Jarman

Licensed Embalmer No. 4589

P. O. Address

Greensboro, N.C.

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.