

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-043968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 731 Primary Registration District No. 5289 Registrar's No. 224

AMENDED

FILED DEC 18 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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>CLAY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYCOMO</u>		Length of stay in 1b <u>20 YRS</u>		c. CITY OR TOWN <u>CLAYCOMO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>240 E. Whittier</u>				d. STREET ADDRESS (If outside, give location) <u>240 E. Whittier</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>T.</u> Last <u>RAJSTON</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>11</u> Year <u>1961</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-7-1883</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>KANSAS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Stephen OBrien</u>			13b. MOTHER'S MAIDEN NAME <u>-</u>		14. NAME OF HUSBAND OR WIFE <u>John Rajston</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>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>DAWN SIMPSON 240 E Whittier</u>			
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) <u>Respiratory failure</u>						<u>4 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary atelectasis (right)</u>						<u>3 weeks</u>	
DUE TO (c) <u>Malignancy right breast</u>						<u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>malnutrition, multiple cerebro-vascular accidents, senility</u>					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 <u>October 6, 1960</u> to <u>December 11, 1961</u> last saw her alive on <u>Dec. 11, 1961</u> Death occurred at <u>4:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Wm R. Morrison, D.D.</u>				22b. ADDRESS <u>10 West Kansas, Liberty, Mo.</u>		22c. DATE SIGNED <u>11/13/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Platte County Mo.</u>		
24. FUNERAL DIRECTOR <u>DW Neuwander Sons N.K.C. Mo</u>				ADDRESS	25. DATE RECD. BY LOCAL REG <u>12-14-61</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Judgens</u>	

DR. WM MORRISON

10 W KANSAS

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

Oliver H. Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 18, Mo

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.