

# SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5968-61-044688  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

AMENDED

**FILED DEC 18 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> COUNTY <u>Clay</u>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |                                  | Length of stay in 1b<br><u>2 days</u>   | c. CITY OR TOWN <u>Liberty</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>Route #3</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Calvin Elbert Fox</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>November 24 1961</u>   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4-16-73</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Odessa, Missouri</u>   |
| 13a. FATHER'S NAME<br><u>George Fox</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth (unknown)</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Linnie Devenport</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br><u>Minnie Portwood, Rt. 1, Liberty, Mo.</u><br>Address   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>uremia</u><br>DUE TO (b) <u>hypernephroma</u><br>DUE TO (c) <u>lobar pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>senility</u> |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 days</u><br><u>10 years</u><br><u>1 week</u>   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>7:30</u> p.m.<br>Month, Day, Year<br><u>Nov. 24, 1961</u>  |                                  | 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>1945</u> to <u>Nov. 24, 1961</u> and last saw <sup>her</sup> him alive on <u>Nov. 24, 1961</u><br>Death occurred at <u>7:30 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><u>Clyde M. Smith, D.O.</u>   |                                  | 22b. ADDRESS<br><u>Liberty, Mo.</u>   | 22c. DATE SIGNED<br><u>11-25-61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 23b. DATE<br><u>11-28-61</u>     | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Tabor Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>Liberty, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Pasley Funeral Home, Liberty, Mo.</u>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>11-28-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>   |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
Clyde M. Smith

**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

*John Parley*

Licensed Embalmer No. 4308

P. O. Address Liberty, 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.