

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045207

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 746 Primary Registration District No. 3026 Registrar's No. 604

FILED DEC 27 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JACKSON</u>	a. STATE <u>MO</u>	b. COUNTY <u>JACKSON</u>	b. COUNTY <u>JACKSON</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>INDEP. MO</u>	Length of stay in lb <u>1-MO.</u>	c. CITY OR TOWN <u>BLUE SPRINGS</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 PINES-REST HOME</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>W. VESPER ST.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>LULA</u>	Middle <u>R</u>	Last <u>MCCLELLAND</u>	Month <u>12</u>	Day <u>17</u> - Year <u>61</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>9-23-84</u>	9. AGE (last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>NEW VIENNA, OHIO</u>	12. CITIZEN OF WHAT COUNTRY <u>U S</u>	
13a. FATHER'S NAME <u>JOHN B. SMITH.</u>	13b. MOTHER'S MAIDEN NAME <u>LAURA McCOY</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</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 <u>Myrtle Sheldford</u> Address <u>Blue Springs</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH <u>9/24/60</u>
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Carcinoma of uterus</u>	DUE TO (b) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	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.) _____
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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 _____
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21. I attended the deceased from <u>2/15/60</u> to <u>12/17/61</u> and last saw ^{her} / _{him} alive on <u>12/17/61</u>
Death occurred at <u>5:45 Pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>808 S. 15 Blue Springs Mo</u>	22c. DATE SIGNED <u>12/17/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-19-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Merial</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
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24. FUNERAL DIRECTOR <u>Mayfield</u> ADDRESS <u>Blue Springs Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-18-61</u>	26. REGISTRAR'S SIGNATURE <u>Alba L. Craig</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

7957 6 NOV 57

JAN 23 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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.

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