

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001628

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 461

**FILED FEB 13 1962**

|  |                                       |  |   |
|--|---------------------------------------|--|---|
| 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> b. COUNTY <u>JACKSON</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>KANSAS CITY</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>CHILDRENS MERCY HOSPITAL</u> |                                       | d. STREET ADDRESS (If outside, give location)<br><u>2204 S. SPRING</u>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>PAUL</u> Middle <u>FRANCIS</u> Last <u>DUMM</u> | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>24</u> Year <u>62</u> |
|---|---|

|                       |                                  |   |                                    |   |   |
|-----------------------|----------------------------------|---|------------------------------------|---|---|
| 5. SEX<br><u>MALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-22-62</u> | 9. AGE (last birthday)<br>IF UNDER 1 YEAR<br>Months <u>2</u> Days <u>11</u> | IF UNDER 24 HR<br>Hours <u>20</u> Min. <u>0</u> |
|-----------------------|----------------------------------|---|------------------------------------|---|---|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>KANSAS CITY MO</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
|---|-----------------------------------|---|--|

|   |  |                             |
|---|--|-----------------------------|
| 13a. FATHER'S NAME<br><u>RICHARD DUMM</u> | 13b. MOTHER'S MAIDEN NAME<br><u>MARINE WIGGINS</u> | 14. NAME OF HUSBAND OR WIFE |
|---|--|-----------------------------|

|   |                                     |   |         |
|---|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>—</u> | 17. INFORMANT<br><u>RICHARD DUMM 2204 S. SPRING K.C. MO</u> | Address |
|---|-------------------------------------|---|---------|

|  |                               |                                  |
|--|-------------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                               | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Atelectasis massive</u>   |                               | <u>approx 86 hrs</u>             |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>Prematurity</u> |                                  |
|  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

|   |   |  |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" 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<br>Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> | 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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
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)<br><u>Hugh H. Owens Coroner</u> | 22b. ADDRESS<br><u>152 Union Station</u> | 22c. DATE SIGNED<br><u>1-26-62</u> |
|--|--|------------------------------------|

|   |                             |  |   |
|---|-----------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>1-26-62</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oyer Cemetery</u> | 23d. LOCATION (City, town, or county)<br><u>Oyer Missouri</u> |
|---|-----------------------------|--|---|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24. FUNERAL DIRECTOR<br><u>Sheil Funeral Home</u> | ADDRESS<br><u>R.C. Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>1-26-62</u> | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u> |
|---|----------------------------|--|---|

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 Hugh H. Owens  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Richard C. Carroll

Licensed Embalmer No. 4829

P. O. Address Ko 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.