

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-001643

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 482

AMENDED

FILED FEB 13 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 5 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY Inside Limits Yes No

d. STREET ADDRESS 818 Monroe (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First JAMES Middle PHILLIP Last ERWIN

4. DATE OF DEATH

Month 1 Day 27 Year 62

5. SEX M

6. COLOR OR RACE W

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 2-25-90

9. AGE (last birthday) 71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY Brown Shoe Co.

11. BIRTHPLACE (City and state or country) Winneus, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Stephenson Erwin

13b. MOTHER'S MAIDEN NAME Emma Applegate

14. NAME OF HUSBAND OR WIFE Ella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. [Redacted]

17. INFORMANT Betty McCollum - K.C. Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary emphysema, fibrosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days

Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 1-22-62 to 62 Jan. 27th 62 and last saw ^{her}him alive on Jan. 27, 1962

Death occurred at 10:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title)

22b. ADDRESS K.C. Mo.

22c. DATE SIGNED 1-27-62 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-27-62

23c. NAME OF CEMETERY OR CREMATORY Rose Hill

23d. LOCATION (City, town, or county) Brookfield Mo. (State)

24. FUNERAL DIRECTOR Hill Mortuary Brookfield, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 1-27-62

26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

Frank Ellis

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 R. Tidmon

Licensed Embalmer No. 4531

P. O. Address Kansas City, 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.