

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010828

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1778 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY NO.	
Length of stay in 1b LIFE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC HOSP.		d. STREET ADDRESS (If outside, give location) R.R. 3 - PARKVILLE	
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET Alice CASEY		4. DATE OF DEATH Month Day Year MAR. 28 - 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-11-90
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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
11. BIRTHPLACE (City and state or country) PLATTE COUNTY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ROBERT E. WILLIAMS		13b. MOTHER'S MAIDEN NAME OLIVIA HUGHES	
14. NAME OF HUSBAND OR WIFE EDWARD A. CASEY		Address R.R. 3	
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. <input type="checkbox"/>	
17. INFORMANT 12 ROBERT W. JACKS		Address PARKVILLE, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Congestive Heart Failure DUE TO (c) Hypertensive arterial sclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 hours
PART II. OTHER SIGNIFICANT CONDITION 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 checked="" 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.)	
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 2/24/61 to 3/28/62 and last saw her/him alive on 3/28/62 Death occurred at 10:25 pm 3/28/62 P.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm J Long (Degree or title) MD		22b. ADDRESS 7220 No. Oak St Trfy KC 18, MO	22c. DATE SIGNED 3/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APRIL-1-1962	23c. NAME OF CEMETERY OR CREMATORY BARRY CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY NORTH, MO.
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY		25. DATE RECD. BY LOCAL REG. 3-30-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Legg

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 F. Henrich

Licensed Embalmer No. 4848

P. O. Address K. C. 17/200

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.