MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011217

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1722

FILED APR 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 7005 X
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4 1
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9 331X
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12 77-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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: 8 wks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp. Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Independence Inside Limits Yes X No ☐
d. STREET ADDRESS 3719 Harry (If outside, give location) (Home for aged) Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Carrie Middle: May Last: Mourning
4. DATE OF DEATH Month: Mar. Day: 26 Year: 1962
5. SEX: female
6. COLOR OR RACE: Wh.
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 2-16-1872
9. AGE (last birthday): 90. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Washington Co. Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas W. Teeple
13b. MOTHER'S MAIDEN NAME: Anna A. Hess
14. NAME OF HUSBAND OR WIFE: Harvey B. (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: William Hill Address: 7609 Berger K.C. Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Severe cerebral arteriosclerosis
DUE TO (c) Generalized arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Peripheral vascular disease, gangrene.
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 2-9-62, to 3-25-62 and last saw her/him alive on 3-23-62
Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION

22a. SIGNATURE W. W. Woodward (Degree or title)
22b. ADDRESS Kansas City Mo.
22c. DATE SIGNED 3.27.62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 3-26-62
23c. NAME OF CEMETERY OR CREMATORY Memorial Pk. Cem.
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR Geo. F. Porter & Sons ADDRESS K.C. Ks
25. DATE RECD. BY LOCAL REG. 3-27-62
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Howard L. Porter

Signature of Student Embalmer

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota K.C. Ks

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.