

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011394

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. 149 Primary Registration District No. 1002 Registrar's No. 1520 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 2 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF JACK M. DAVIS MEDICAL CERTIFICATION

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY JACKSON		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		a. STATE MISSOURI b. COUNTY JACKSON		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 7rs.		c. FULL NAME OF (If not in hospital or institution) 4419 STERLING		d. STREET ADDRESS 4419 Sterling		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lucy Middle Bell Last Stone				4. DATE OF DEATH Month March Day 14 Year 19-62			
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 2-17-74	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months — Days — Hours — Min. —	IF UNDER 24 HR 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) Holt County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James Miers			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William Stone		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 18			16. SOCIAL SECURITY NO. —		17. INFORMANT Howard A. Bougher Address K. C. Mo. 4419 Sterling		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) bronchial pneumonia						3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) congestive heart failure						2 weeks	
DUE TO (c) arteriosclerotic heart disease						5 yrs	
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 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 — Month, Day, Year a.m. — p.m. —		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 Sept 61 to 14 Mar 62 and last saw her alive on 13 Mar 62				Death occurred at 2:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack M Davis MD			22b. ADDRESS Raytown Mo			22c. DATE SIGNED 15 Mar 62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-15-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Mound City, Missouri		
24. FUNERAL DIRECTOR Blackman & Wornall Funeral Home			ADDRESS K. C. Mo.		25. DATE RECD. BY LOCAL REG. 3-15-62		
				26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK OR TYPEWRITER RIBBON

Jack Davis
Hospital Mem.

FEB 25 1963
AUG 28 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 W.C. Runne

Licensed Embalmer No. 4879

P. O. Address K.C. 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.