

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015393

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2232

DO NOT WRITE ON THIS STUB

AMENDED

<p>FILED MAY 7 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY Jackson</p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 3 Months</p> <p>c. FULL NAME OF (if NOT in hospital; give location) HOSPITAL OR INSTITUTION Gross Nursing Home Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3918 Charlotte Street</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Kansas b. COUNTY Johnson</p> <p>c. CITY OR TOWN Prairie Village Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 5000 West 70th Street Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED First Middle Last MATTHEW A. PALEN</p>			<p>4. DATE OF DEATH Month Day Year April 17 1962</p>		
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 7/28/81</p>	<p>9. AGE (last birthday) 80</p>	<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Lt. Col.</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY U.S. Army</p>		<p>11. BIRTHPLACE (City and state or country) Redlands, California</p>	
<p>12. CITIZEN OF WHAT COUNTRY U. S. A.</p>		<p>13a. FATHER'S NAME Palen</p>		<p>13b. MOTHER'S MAIDEN NAME Mary Agnes Palen</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I</p>			<p>16. SOCIAL SECURITY NO. -</p>		<p>17. INFORMANT Address Franklin LRiggs, 4316 W. 69th Terr.</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Pulmonary edema INTERVAL BETWEEN ONSET AND DEATH 3 days</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Decompensation 1 week</p> <p>DUE TO (c) Arterio Sclerotic Heart Disease Several Years</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral + Generalized Arterio Sclerosis; Pulmonary Fibrosis</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>					
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION Kansas City</p>		<p>20g. COUNTY Mo</p>		<p>20h. STATE Kans</p>	
<p>21. I attended the deceased from Jan. 16, 1962 to April 17, '62 and last saw him alive on April 19, 1962. Death occurred at 8:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) Harold M. Roberts, M.D.</p>			<p>22b. ADDRESS 1111 1/2 Grand, Kan. City 6 Mo.</p>		<p>22c. DATE SIGNED April 18, 1962</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE Apr. 23, 1962</p>		<p>23c. NAME OF CEMETERY OR CREMATORY National Cemetery</p>	
<p>23d. LOCATION (City, town, or county) Fort Leavenworth</p>		<p>23e. COUNTY Kansas</p>		<p>23f. STATE Kans</p>	
<p>24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons, Kansas City, Mo. 1331 Brush Cr. 4-23-62</p>			<p>25. DATE RECD. BY LOCAL REG. 4-23-62</p>		<p>26. REGISTRAR'S SIGNATURE Ruth Long</p>

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Harold M. Roberts

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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

Harold M. Roberts

Licensed Embalmer No. 3035

P. O. Address: St. Charles, 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.