

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018329

STATE FILE NUMBER

Registration District No. 39 Primary Registration District No. _____ Registrar's No. 88

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 23 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raymore Township		Length of stay in 1b 9 days	c. CITY OR TOWN Raymore Township
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles N.E. Belton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2 miles n. e. Belton
3. NAME OF DECEASED (Type or print) First PANDORA Middle LEE Last BRITTON		4. DATE OF DEATH Month May Day 11 , Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 28, '62
9. AGE (last birthday) 13 da.		IF UNDER 1 YEAR Months 13 Days 3 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME "Unknown"	
13b. MOTHER'S MAIDEN NAME Britton, Della Vivian		14. NAME OF HUSBAND OR WIFE Infant	
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. None	17. INFORMANT Della V. Britton R. R. #2 Belton, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure with Anorexia DUE TO (b) Pulmonary consolidation DUE TO (c) cause undetermined pending microscopic examination PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (Suspect viral or Influenzal pneumonitis)			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Harrisonville, Mo.
20g. COUNTY Cass		20h. STATE Mo.	
21. I attended the deceased from _____ Death occurred at _____		21b. SIGNATURE (Degree or title) W. M. Price M.D. Jr. Cass Co. Coroner	
21c. ADDRESS 909 ARGYLE BLDG. K.C., Mo.		21d. DATE SIGNED 5/11/62	
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE 5-14-62	22c. NAME OF CEMETERY OR CREMATORY Mt. Washington	22d. LOCATION (City, town, or county) (State) Kansas City MO.
23. FUNERAL DIRECTOR E.K. George & Sons - Belton, Mo.		24. ADDRESS	25. DATE RECD. BY LOCAL REG. 5-15-62
26. REGISTRAR'S SIGNATURE Miss Ray Seber			

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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Belton, 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.