

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019027

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2508 STATE FILE NUMBER

FILED MAY 31 1962

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 20 years
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6406 1/2 Truman Rd (Inside Limits) Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY Jackson
 c. CITY OR TOWN Kansas City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 6406 1/2 Truman Road Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Sallie - McCluhan May 7 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-28-1860 9. AGE (last birthday) 102
 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (City and state or country) Charlton County Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George J. Heisel 13b. MOTHER'S MAIDEN NAME Elizabeth Kahler 14. NAME OF HUSBAND OR WIFE Wm. P. McCluhan

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 Ruby Liestman Ke Mo. Address 801 Spring Valley Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 15 min
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease 25 yrs
 DUE TO (c) Atherosclerosis 50 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.
 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 Month, Day, Year a.m. p.m.

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.) Kansas City - Jackson Mo 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 1950 to May 5, 1962 and last saw her alive on May 5, '62. Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. H. Crouch D.O. 22b. ADDRESS 2805 E. 6th Kansas City, Mo 22c. DATE SIGNED 5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 5-7-1962 23c. NAME OF CEMETERY OR CREMATORY New Center Cemetery 23d. LOCATION (City, town, or county) (State) Triplett Mo

24. FUNERAL DIRECTOR Gibson Funeral Home ADDRESS Parrottton Mo 25. DATE RECD. BY LOCAL REG. 5-8-62 26. REGISTRAR'S SIGNATURE Ruth Song

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
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF R. H. Crouch

USE BLACK INK OR TYPEWRITER RIBBON

12557

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.