

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019081

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2668

FILED JUN 8 1962

1. PLACE OF DEATH

a. COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY, MISSOURI** Length of stay in lb **13 Hours**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **VA HOSPITAL, KC, MO.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MISSOURI** b. COUNTY **JACKSON**

c. CITY OR TOWN **KANSAS CITY, MO.** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **3415 Paseo, Kc, Mo.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)

First **CLAIR** Middle **M.** Last **PRESSNALL**

4. DATE OF DEATH Month **May** Day **31** Year **1962**

5. SEX **MALE** **6. COLOR OR RACE** **WHITE**

7. Married **Never Married** **Widowed** **Divorced**

8. DATE OF BIRTH **9/21/96** **9. AGE** (last birthday) **65** **65** IF UNDER 1 YEAR IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **ELECTRICIAN**

10b. KIND OF BUSINESS OR INDUSTRY **MAINTENANCE**

11. BIRTHPLACE (City and state or country) **ETNA GREEN INDIANA**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **KELSEY H. PRESSNALL**

13b. MOTHER'S MAIDEN NAME **NELLIE MC CRUM**

14. NAME OF HUSBAND OR WIFE **N/A**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes 2/1/18 to 12/9/18**

16. SOCIAL SECURITY NO. **UNK**

17. INFORMANT **VA HOSPITAL RECORDS** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Consolidated lobar pneumonia, right**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Bronchopneumonia, left**

DUE TO (c) **Cerebral anoxia due carotid artery occlusion, left**

INTERVAL BETWEEN ONSET AND DEATH

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 **9:35 AM** Month, Day, Year **5/14/62** s.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.)

20f. CITY, TOWN, OR LOCATION **Springfield** COUNTY **Missouri** STATE

21. VA attended the deceased from: **9:35 AM 5/14/62** to **10:20 PM 5/14/62** and last saw him alive on **5/14/62**

Death occurred at **10:20 PM 5/14/62** m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) *[Signature]*

22b. ADDRESS **6627 Pleasant St @ 400**

22c. DATE SIGNED **5-15-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **May 15 1962**

23c. NAME OF CEMETERY OR CREMATORY **Springfield Cemetery**

23d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

24. FUNERAL DIRECTOR **D.W. Newcomers Sons** ADDRESS **1331 Brush Creek Blvd. K.C. Mo.**

25. DATE RECD. BY LOCAL REG. **5-16-62**

26. REGISTRAR'S SIGNATURE *[Signature]*

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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| VS 300 Rev. 4/59 | DATE AMENDED |
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INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

Geo. Kealhofer, M.D., J.D., M.P.H.

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

VS JUN 8 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 John W. Ralsbeck

Licensed Embalmer No. 4949
P.O. Address Mo. Kansas City 16, 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.