

# MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-022269  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 107

**FILED JUN 26 1962**

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Township</u>		Length of stay in 1b ---	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Richards-Gebaur AFB, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2560B W 47th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Michele</u> Middle <u>Lynn</u> Last <u>Rosy</u>			4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>15 Jun 62</u>
9. AGE (last birthday) <u>Newborn</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours <u>9</u> Min. <u>41</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NA</u>	11. BIRTHPLACE (City and state or country) <u>Cass Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>United States</u>		13a. FATHER'S NAME <u>Richard Earl Rosy</u>	
13b. MOTHER'S MAIDEN NAME <u>Joanne Carrol Lamar</u>		14. NAME OF HUSBAND OR WIFE <u>NA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NA</u>	17. INFORMANT <u>Richard E Rosy</u> Address <u>2560B W 47th St Kansas City, Mans</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>9Hrs 41Min</u>
Conditions, if any, which gave rise to above cause (a), (b), (c), stating the underlying cause last: DUE TO (b) <u>Arnold Chiari Deformity</u>			
DUE TO (c) <u>Multiple Congenital Anomalies</u>			
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 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	COUNTY _____ STATE _____
21. I attended the deceased from <u>15 June 1962</u> to <u>16 June 1962</u> and last saw her <input checked="" type="checkbox"/> alive on <u>16 June 1962</u> Death occurred at <u>5:00 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>G. P. KIRKPATRICK, CAPT., USAF, MC</u> (Degree or title)		22b. ADDRESS <u>Richards-Gebaur AFB, Missouri</u>	22c. DATE SIGNED <u>19 June 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-19-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Platte City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Platte City, Missouri</u>
24. FUNERAL DIRECTOR <u>E.K. George &amp; Sons, Belton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 18 - 1962</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Roy Seba</u>

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,

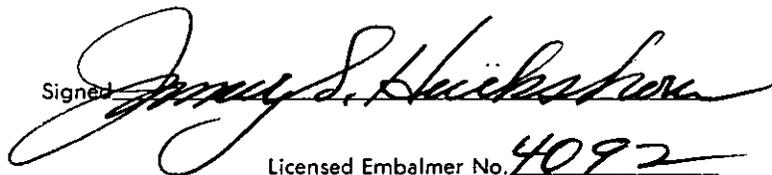
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No.

4092

P. O. Address

Beltay 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.