

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022832

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 129 Primary Registration District No. 1002 Registrar's No. 3147 STATE FILE NUMBER

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>FILED JUL 6 1962</b></p>		<p>1. PLACE OF DEATH</p> <p>a. COUNTY <b>Jackson</b></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in lb <b>40 yrs.</b></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b></p> <p>c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <b>2417 E 12</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First Middle Last <b>Dewey Addison</b></p>			<p>4. DATE OF DEATH</p> <p style="text-align: center;">Month Day Year <b>6 13 62</b></p>		
<p>5. SEX <b>Male</b></p>	<p>6. COLOR OR RACE <b>Negro</b></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 <b>7-14-00</b></p>	<p>9. AGE (last birthday) <b>61</b></p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>City Employer</b></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <b>Colorado</b></p>	<p>12. CITIZEN OF WHAT COUNTRY <b>USA</b></p>
<p>13a. FATHER'S NAME <b>Unknown</b></p>		<p>13b. MOTHER'S MAIDEN NAME <b>Unknown</b></p>		<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b></p>		<p>16. SOCIAL SECURITY NO.</p>		<p>17. INFORMANT <b>Florence Johnson</b> Address <b>2417 E. 12</b></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>					<p>INTERVAL BETWEEN ONSET AND DEATH <b>1+ yrs</b></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p><b>Electrolyte imbalance, diabetes mellitus empyema of the Gall Bladder</b></p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>XXXX</b></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</p>		<p>COUNTY</p>	<p>STATE</p>
<p>21. I attended the deceased from <b>11/11/57</b> to <b>6/13/62</b> and last saw <sup>her</sup> him alive on <b>6/12/62</b></p> <p>Death occurred at <b>8:50 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <i>Wm H. Woodruff M.D.</i> (Degree or title)</p>			<p>22b. ADDRESS <b>730 Professional Building</b></p> <p style="text-align: center;"><b>Kansas City 6, Mo.</b></p>		<p>22c. DATE SIGNED <b>6/15/62</b> (State)</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b></p>		<p>23b. DATE <b>6-16-62</b></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn</b></p>		<p>23d. LOCATION (City, town, or county) <b>Kansas City, Mo.</b></p>
<p>24. FUNERAL DIRECTOR <b>Manlove-Williams</b> ADDRESS <b>1729 Lydia</b></p>			<p>25. DATE RECD. BY LOCAL REG. <b>6-15-62</b></p>	<p>26. REGISTRAR'S SIGNATURE <i>Ruth N Long</i></p>	

**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 Raymond Wilkin

Licensed Embalmer No. 4653

P. O. Address R. E. Mer

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.