

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022945
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3135

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
25117
3
4 C
5 1
6
7 1
8 2
9 193.0
10
11
12 65.0
13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b 3 weeks	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1804 Jamesport
3. NAME OF DECEASED (Type or print) First William Middle H. Last Couldry		4. DATE OF DEATH Month 6 Day 14 Year 62	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/1899
9. AGE (last birthday) 62		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) Weight master - St. Joe Stock yards Co.		10b. KIND OF BUSINESS OR INDUSTRY Chicago, Illinois	11. BIRTHPLACE (City and state or country) U. S. A.
12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Arthur Couldry		13b. MOTHER'S MAIDEN NAME Phyllis Holford	14. NAME OF HUSBAND OR WIFE Lizzie Couldry
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Lizzie Couldry 1804 Jamesport	
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 paralysis			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Increased intra-cranial pressure			
DUE TO (c) Brain tumor - malignant glioblastoma			
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 6-4-62 to 6-14-62 and last saw <u>her</u> alive on 6-13-62		Death occurred at 2:05 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE G. L. Picci (Degree or title)		22b. ADDRESS 228 Plaza Time Bldg	22c. DATE SIGNED 6-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6/16/1962	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Clark Funeral Home ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. 6-14-62	26. REGISTRAR'S SIGNATURE Ruth H Long

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 William H. Eap

Licensed Embalmer No. 4728

P. O. Address K. C. 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.