

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027150

3849 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED AUG 13 1962

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Rev. 4/59

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DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in lb 18 days	c. CITY OR TOWN Gravois Mills Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Saint Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lake Road #5 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last FOSTER WARREN HIRE		Month Day Year 7 24 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 2-27-94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ordinance Worker		10b. KIND OF BUSINESS OR INDUSTRY Lake City Ord.	9. AGE (last birthday) 68
11a. BIRTHPLACE (City and state or country) Burkett, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Norman Hire		13b. MOTHER'S MAIDEN NAME Jennie Underhill	14. NAME OF HUSBAND OR WIFE Ima Hire
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I		16. SOCIAL SECURITY NO. -	
17. INFORMANT W. A. Hire: Blue Springs, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Bleeding Duodenal ulcer			
DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART (a) Total cystectomy 7-17-62 for bladder carcinoma			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 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 7-15-62 to 7-24-62 and last saw him alive on 7-23-62 Death occurred at 8:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George O. Miles, M.D.		22b. ADDRESS 4320 Wornall, K.C., Mo	22c. DATE SIGNED 7-24-62
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
Removal-Burial 7-26-62		Blue Springs Cemetery Blue Springs, Missouri	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR WEBB FUNERAL HOME: BLUE SPRINGS, MO.		25. DATE RECD. BY LOCAL REG. 7-25-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

George O. Miles MEDICAL CERTIFICATION

OCT 11 1962

OCT 17 1962

OCT 23 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 R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City, 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.

Revised 1-20-62