MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030961
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4245

FILED SEP 4 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 17 YEARS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST MARY'S HOSP. — 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 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 513 W. 85 TERR. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First GRACE Middle Last ERNST

4. DATE OF DEATH Month AUGUST Day 17 Year 1962

5. SEX FEMALE

6. COLOR OR RACE CAUC.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 9-30-1917

9. AGE (last birthday) 44 YEARS — 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) HOMEMAKER.

10b. KIND OF BUSINESS OR INDUSTRY HOME.

11. BIRTHPLACE (City and state or country) RACINE WISC.

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

13a. FATHER'S NAME ALFRED PETERSON

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE BEN ERNST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT MR. BEN ERNST Address 513 W. 85 TERR.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of stomach — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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 a.m. p.m. Month, Day, Year

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 COUNTY STATE

21. I attended the deceased from Aug 1 1962, to Aug 17 1962 and last saw her/him alive on Aug 16 1962

Death occurred at 2 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James H O'Neil M.D.

22b. ADDRESS 425 E 63rd St

22c. DATE SIGNED 8/17/62

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

23b. DATE 8-20-1962

23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS

23d. LOCATION (City, town, or county) KANSAS CITY (State) MO.

24. FUNERAL DIRECTOR MUEHLEBACH ADDRESS 6800 TROOST

25. DATE RECD. BY LOCAL REG. 8-17-62

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION James H. O'Neil

JH. DR. O'NEIL
EM3-2265
425 E. 63rd

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 Danny C. Kerns, Student Embalmer No. 647 working under my personal supervision.

Student Danny C. Kerns
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4421

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.