

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034731

4623 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4623

FILED SEP 24 1962

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 LIFE
 c. FULL NAME OF (If NOT in hospital, give location) -HOSPITAL OR INSTITUTION D.O.A. TRINITY LUTH. Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY CLAY
 c. CITY OR TOWN KANSAS CITY 17-MO. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4313 WINN RD. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
 RUSSELL CHARLES FIELDS Sept. 7- 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 5-9-11 9. AGE (last birthday) 51 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) SALESMAN 10b. KIND OF BUSINESS OR INDUSTRY BEVERAGE SALES 11. BIRTHPLACE (City and state or country) KANSAS CITY, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Clyde Fields 13b. MOTHER'S MAIDEN NAME MYRA K. TOYNE 14. NAME OF HUSBAND OR WIFE NORMA F. FIELDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII 17. INFORMANT Address NORMA F. FIELDS- 4313 WINN RD. K.C. 17-MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Nov. 19 52 to Sept 7, 1962 and last saw him alive on Sept 4, 1962
 Death occurred at 2 1/2 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edw. H. Fischer M.D. 22b. ADDRESS 306 E 21st NKC 16 MO 22c. DATE SIGNED 9/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 9-10-62 23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL 23d. LOCATION (City, town, or county) GLADSTONE, MO. (State)

24. FUNERAL DIRECTOR ADDRESS NORTH D.W. NEWCOMER'S SONS- KAN. CITY 25. DATE RECD. BY LOCAL REG. 9-10-62 26. REGISTRAR'S SIGNATURE Ruth Long

VS 300 Rev. 4/59
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DATE AMENDED
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT
 MEDICAL CERTIFICATION

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 John V. Herrick, Jr.

Licensed Embalmer No. 4848

P. O. Address K.C. 17, 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.