

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034758

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4806

FILED OCT 8 1962

VS 300  
Rev. 4/59  
1  
27092  
3  
4 1  
5 2  
6  
7 1  
8 1  
9 X  
10  
11900  
1292-3  
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>DOA</b>	c. CITY OR TOWN <b>Grandview</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Baptist Memorial Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>601 Butcher</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Sarah</b> Middle <b>Jane</b> Last <b>Hale</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>18</b> Year <b>1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-08</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cup Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Paper Cup Co.</b>	11. BIRTHPLACE (City and state or country) <b>Monument, Colorado</b>
13a. FATHER'S NAME <b>John Q. Weeks</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Adams</b>	14. NAME OF HUSBAND OR WIFE <b>Melvin (Deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mary Bronson, 1200 1/2 Tenth, Grandview</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed Chest Ruptured Livers &amp; Spleen massive</b> DUE TO (b) <b>hemorrhage Chest &amp; abdomen</b> DUE TO (c) <b>Contusion of forehead &amp; occipital scalp</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in (a), (b), and (c). <b>None</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Car struck by a train</b>	
20c. TIME OF INJURY Hour <b>7:45</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <b>9-18-62</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>RR track</b>	
20e. CITY, TOWN, OR LOCATION <b>Grandview</b>		COUNTY <b>Jackson</b>	STATE <b>MO</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hugh A. Owens</b> (Degree or title)		22b. ADDRESS <b>157 Union Station</b>	22c. DATE SIGNED <b>9-18-62</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-20-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>
23d. LOCATION (City, town, or county) <b>Belton, Missouri</b>		24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons, Inc. Grandview</b>	
25. DATE RECD. BY LOCAL REG. <b>9-19-62</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Song</b>	

USE BLACK INK OR TYPEWRITER RIBBON

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

**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 Stirling E. Hodges

Licensed Embalmer No. 4911

P. O. Address Grandview 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.