

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-038697

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____

149

Primary Registration District No. _____

1002

Registrar's No. _____

5299

STATE FILE NUMBER

FILE NOV 1 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF Glenn Elliott MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 57 years	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP.		Include Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4029 FLORA Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last EDWARD LEO FINES			4. DATE OF DEATH Month Day Year OCTOBER 17, 1962
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1887 9. AGE (last birthday) 75 years
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired parking lots		10b. KIND OF BUSINESS OR INDUSTRY Parking Bus. VANDEVILLE ILL.	11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY		13. FATHER'S NAME WILLIAM FINES 13b. MOTHER'S MAIDEN NAME ALICE BURNS 14. NAME OF HUSBAND OR WIFE MRS. LESSIE FINES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address MRS. LESSIE FINES 4089 FLORA
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Thoraco-Abdominal Atherosclerosis & Dilatation with inadequate renal arterio-venous bilaterally			2 yrs
DUE TO (c) Generalized Arteriosclerosis			20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Pulmonary Fibrosis and emphysema & Pneumonitis 4 wks ago			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 8 Oct 62 to 17 Oct 62 and last saw him alive on 17 Oct 62 Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Print or type) Glenn Elliott		22b. ADDRESS 1102 Grand K66 Mo	22c. DATE SIGNED 18 Oct 62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-20-1962	23c. NAME OF CEMETERY OR CREMATORY MT OLIVET CEMETERY KANSAS CITY MISSOURI	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS MUEHLEBACH 6800 TROST		25. DATE RECD. BY LOCAL REG. 10-18-62	26. REGISTRAR'S SIGNATURE Beth Long

DR. Glenn Elliott

Bryant Bldg.

172 6997

130 6-PM
Thurs.

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 G. E. Nichols

Licensed Embalmer No. 4997

P. O. Address W. E. MD

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.