

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038807
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5100

FILED OCT 19 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

11/21/62

10/6/62

10/5/62

4, 21

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF Attendant

Robert W. Forsythe MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">JACKSON</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p style="text-align: center;">KANSAS</p>		b. COUNTY <p style="text-align: center;">WYANLOTTE</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p style="text-align: center;">KANSAS CITY</p>		Length of stay in lb <p style="text-align: center;">2 Wks</p>		c. CITY OR TOWN <p style="text-align: center;">EDWARDSVILLE</p>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">ST. LUKES</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p style="text-align: center;">237 SO. 102nd St.</p>	
3. NAME OF DECEASED (Type or print) First Middle Last <p style="text-align: center;">Marvin Law</p>		4. DATE OF DEATH Month Day Year <p style="text-align: center;">10-5-62</p>			
5. SEX <p style="text-align: center;">M</p>	6. COLOR OR RACE <p style="text-align: center;">W</p>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <p style="text-align: center;">11-26-28</p>	9. AGE (last birthday) <p style="text-align: center;">33</p>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Stockman</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">National Bel. Hess Meridien Okla.</p>		11. BIRTHPLACE (City and state or country) <p style="text-align: center;">US</p>	
13a. FATHER'S NAME <p style="text-align: center;">Wallace Law</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Maebelle Wringher</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Pearl Law</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">Unknown</p>		17. INFORMANT Address <p style="text-align: center;">Ted S Law Kansas City Kansas</p>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p style="text-align: center;">Brain Tumor - malignant</p>				INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">10 Mo.</p>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <p style="text-align: center;">-5-</p>	COUNTY	STATE	
21. I attended the deceased from <u>9-17-62</u> to <u>10-6-62</u> and last saw her/him alive on <u>10-5-62</u>		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <p style="text-align: center;">Robert W. Forsythe</p>		22b. ADDRESS <p style="text-align: center;">4320 Warsaw Rd.</p>		22c. DATE SIGNED <p style="text-align: center;">10-8-62</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">burial</p>	23b. DATE <p style="text-align: center;">10-8-62</p>	23c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Edwardsville Cemetery</p>	23d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Edwardsville Kansas</p>		
24. FUNERAL DIRECTOR ADDRESS <p style="text-align: center;">Gibson & Son 19th & Minn, K,C,K.</p>		25. DATE RECD. BY LOCAL REG. <p style="text-align: center;">10-8-62</p>	26. REGISTRAR'S SIGNATURE <p style="text-align: center;">Robert Long</p>		

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 Phil C. Gibson

Licensed Embalmer No. 3135

P. O. Address Kansas City, Kansas

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.