

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038980

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149  
**FILED NOV 1 1962**

Primary Registration District No. 1002 Registrar's No. 5349

VS 300  
Rev. 4/59

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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>25 YRS.</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>113 N. WHITE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>113 N. WHITE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OMA</b> Middle <b>DELIAH</b> Last <b>STAATS</b>			4. DATE OF DEATH Month <b>OCTOBER</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>9-6-1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	9. AGE (last birthday) <b>83</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11a. FATHER'S NAME <b>CHARLES ADDISON</b>		11b. MOTHER'S MAIDEN NAME <b>LUCIENDE LUSK</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		13. SOCIAL SECURITY NO. <b>NOIVE</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
14. NAME OF HUSBAND OR WIFE <b>JOHN WALTER STAATS</b>		17. INFORMANT <b>MRS. MYRTLE FERNEKES 113 N. WHITE</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>Acute Ventricular Tachycardia</b>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Arteriosclerotic Heart Disease</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) <b>Urethral Stricture</b>			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 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 <b>September 1927</b> to <b>Oct. 18, 1962</b> and last saw her <del>him</del> alive on <b>8-25-62</b> Death occurred at <b>Approximately 2:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>E. H. Dorson</i>		22b. ADDRESS <b>10901 Winner Road Independence, Missouri</b>	22c. DATE SIGNED <b>10/19/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10-22-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>TOPEKA, KANSAS</b>
24. FUNERAL DIRECTOR <b>C.H. BLACKMAN &amp; SON INC. K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-20-62</b>	26. REGISTRAR'S SIGNATURE <i>Puth Bong</i>

USE BLACK INK OR TYPEWRITER RIBBON

DR. DORSCH  
10901 Linnell Rd.  
CL 2034#

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 Hulbert B. Baird

Licensed Embalmer No. 4888

P. O. Address KC 24, 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.