

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039067

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 487

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u> | | Length of stay in 1b <u>3 weeks</u> | c. CITY OR TOWN <u>Independence</u> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Indep. Hospital & San.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2030 North Liberty</u> |
| 3. NAME OF DECEASED (Type or print) First <u>DELLA</u> Middle <u>M.</u> Last <u>Baber</u> | | 4. DATE OF DEATH Month <u>October</u> Day <u>11</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-27-1874</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Business</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Leasing</u> | 11. BIRTHPLACE (City and state or country) <u>Nebraska, Nebr.</u> |
| 13a. FATHER'S NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Frank Fowler</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Postoperative chemical peritonitis + acute cholecystitis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sudden ulcer with massive hemorrhage days followed by cholecystectomy + gastroenterostomy</u> | | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Extensive Pulmonary fibrosis (pre suspected)</u> | | 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 <u>Independence, Mo</u> | COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>9/22/62</u> to <u>10/11/62</u> and last saw her alive on <u>10/11/62</u> | | Death occurred at <u>2 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <u>Vance E. Link, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>10901 Wimmer Rd Independence, Mo</u> | 22c. DATE SIGNED <u>10/12/62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>Oct. 14, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Nebraska, Nebr.</u> |
| 24. FUNERAL DIRECTOR <u>Robert K. Speck</u> | | ADDRESS <u>Indep. Mo.</u> | 25. DATE RECD BY LOCAL REG. <u>10-12-62</u> |
| | | 26. REGISTRAR'S SIGNATURE <u>Alba L. Giang</u> | |

USE BLACK INK OR TYPEWRITER RIBBON

1962

Oct 12, 1962

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 Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. 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.