

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039106
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 519

FILED NOV 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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 INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	
Length of stay in lb 83 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1617 SOUTH OSAGE		d. STREET ADDRESS (If outside, give location) 1617 SOUTH OSAGE	
3. NAME OF DECEASED (Type or print) First MARY Middle HELENOR Last MC DIARMID		4. DATE OF DEATH Month OCTOBER Day 27 , Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-19-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CASHIER		10b. KIND OF BUSINESS OR INDUSTRY K.C. LAUNDRY CO.	11. BIRTHPLACE (City and state or country) ELK FALLS, KANSAS
13a. FATHER'S NAME THOMAS E. RITCHARDS		13b. MOTHER'S MAIDEN NAME NANCY ALTER	14. NAME OF HUSBAND OR WIFE ANDREW MC DIARMID - Dec'd.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Nancy Mc Kay, 1617 So. Osage, Indep., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive, Arteriosclerotic, cardiovascular disease			Years
DUE TO (c) Virus Pneumonia			3 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinomatosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 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 November 27, 1960 to Oct. 27, 1962 and last saw her xxx live on October 27, 1962 Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Ethel Watson</i>		22b. ADDRESS 129 W. Lexington, Independence, Mo.	22c. DATE SIGNED 10/30/62
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-2-62	23c. NAME OF CEMETERY OR CREMATORY ELK FALLS CEMETERY	23d. LOCATION (City, town, or county) (State) ELK FALLS, KANSAS
24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.		25. DATE RECD. BY LOCAL REG. 10-31-62	26. REGISTRAR'S SIGNATURE <i>Alba L. Craig</i>

USE: BLACK INK OR TYPEWRITER RIBBON

Handwritten marks and scribbles on the right side of the page.

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 *A. Kenneth Patterson*

Licensed Embalmer No. 4697

P. O. Address Indy, Ind

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.