

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-042562

FILED NOV 26 1962

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5738 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 15 days	c. CITY OR TOWN Bethel		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) Home HOSPITAL OR INSTITUTION Haven Manor Nursing			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 8543 Parallel	
3. NAME OF DECEASED (Type or print) First FRED Middle CRAWFORD Last			4. DATE OF DEATH Month Nov Day 13 Year 1962		
5. SEX Male	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 10-24-1877	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Candy maker		10b. KIND OF BUSINESS OR INDUSTRY Candy Mfg. Co	11. BIRTHPLACE (City and state or country) Ohio	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Samuel Crawford		13b. MOTHER'S MAIDEN NAME Atlantic Smith		14. NAME OF HUSBAND OR WIFE Virgie	
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. [REDACTED]	17. INFORMANT Howard Christy Address K C Ks	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis					5 years.
DUE TO (c) Generalized Arteriosclerosis					5-10 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Brain Syndrome				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		COUNTY	STATE
21. I attended the deceased from 11-1-62 to 11-13-62 and last saw him ben alive on 11-12-62 Death occurred at 7:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Olto A. Theel M. D.			22b. ADDRESS 4301 Main St. KCMo		22c. DATE SIGNED 11-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-15-1962	23c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	23d. LOCATION (City, town, or county) Kansas City, Ks.		(State)
24. FUNERAL DIRECTOR F A Reising		ADDRESS K C Ks	25. DATE RECD. BY LOCAL REG. 11-14-62	26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK OR TYPEWRITER RIBBON

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

George A. Rising

Licensed Embalmer No. 4468

P. O. Address K C Ks

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.