MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042690
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6020 6020

FILED DEC 14 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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2 3198 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI
Length of stay in Ib ~~80~~ 50 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA HOSPITAL, KC, MO.
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY, MO.
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 639 NORTON
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First BENJAMIN Middle S. Last HOLLOWAY
4. DATE OF DEATH Month NOVEMBER Day 28 Year 1962
5. SEX MALE
6. COLOR OR RACE W White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH 1/17/82
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY BARBER
11. BIRTHPLACE (City and state or country) WARRENSBURG, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME ELISHA (D.)
13b. MOTHER'S MAIDEN NAME MARGARET CAVE
14. NAME OF HUSBAND OR WIFE WIDOWED —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~UNK~~ NONE
17. INFORMANT VA Hosp. Records Address Mrs Gene Applegate, Louisburg, Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute myocardial infarct
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Arteriolonephrosclerosis, hypertrophy of the heart
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 10/1/62, to 11/28/62 and last saw him alive on 11/28/62
Death occurred at 2:45 AM 11/28/62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Flynn M.D.
JAMES M. FLYNN, M.D.
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 11-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-30-1962
23c. NAME OF CEMETERY OR CREMATORY Holden Mem.
23d. LOCATION (City, town, or county) (State) Holden Missouri
24. FUNERAL DIRECTOR Sheil Funeral Home ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 11-29-62
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4954

P. O. Address P.O. Box

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.