

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046817

6365

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6365

FILED JAN 7 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1/14/63

89

88

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BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

J. Schutte

|   |   |  |                                     |
|---|---|--|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>                             |                                     |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>   |   | c. CITY OR TOWN <b>MISSION</b>   |                                     |
| Length of stay in lb <b>10 days</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3537 MAIN STREET<br/>LINDEMAN NURSING HOME</b>                            |   | d. STREET ADDRESS (If outside, give location)<br><b>5925 WEST 58TH STREET</b>  |                                     |
| 3. NAME OF DECEASED (Type or print)<br>First <b>IRA</b> Middle <b>PLUNKETT</b> Last <b>CAULK</b>  |   | 4. DATE OF DEATH<br>Month <b>DECEMBER</b> Day <b>14</b> Year <b>1962</b>   |                                     |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>12/30/73</b> |
| 9. AGE (last birthday)<br><b>88</b>   |   | IF UNDER 1 YEAR Months Days Hours Min.<br>IF UNDER 24 HR   |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Furniture Dealer</b>                                      |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Owner</b>  |                                     |
| 11. BIRTHPLACE (City and state or country)<br><b>Carroll County, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |                                     |
| 13a. FATHER'S NAME<br><b>Newton CAULK</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Plunkett</b>  |                                     |
| 14. NAME OF HUSBAND OR WIFE<br><b>Julia Caulk</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                     |
| 16. SOCIAL SECURITY NO.<br><b>None</b>  |   | 17. INFORMANT<br><b>5925 W. 58th<br/>Miss Irene Caulk, Mission, Kansas</b>   |                                     |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia, secondary</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b>  |                                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>URI -</b>                                       |   | <b>7 days</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)<br><b>URI - 10 yrs</b>    |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.<br>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<br>COUNTY STATE   |                                     |
| 21. I attended the deceased from <b>1957</b> to <b>12.14.62</b> and last saw <sup>her</sup> him alive on <b>12.6.62</b>                                     |   | Death occurred at <b>7:40</b> <b>A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |                                     |
| 22a. SIGNATURE (Degree or title)<br><b>J. Schutte</b>   |   | 22b. ADDRESS<br><b>Shanee Mission Mo. 115794 Linden Dr</b>   |                                     |
| 22c. DATE SIGNED<br><b>12.14.62</b>   |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                     |
| 23b. DATE<br><b>Dec. 17, 1962</b>   |   | 23c. NAME OF CEMETERY OR CREMATOR<br><b>Hale Cemetery</b>  |                                     |
| 23d. LOCATION (City, town, or county)<br><b>Hale, Missouri</b>  |   | 23e. (State)   |                                     |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>12-15-62</b>  |                                     |
| ADDRESS<br><b>1331 BRUSH CR. KANSAS CITY, MO.</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>P. L. Long</b>   |                                     |

USE BLACK INK OR TYPEWRITER RIBBON

AL. 6  
52014  
9.30-12.00 2:30-6:00

**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 Louis Dunt

Licensed Embalmer No. 4096

P. O. Address K.C. 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.