

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046948

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149Primary Registration District No. 1002Registrar's No. 6624

6624

VS 300
Rev. 4/591
2 740-2

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4 05 0

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7 08 29 762.5

10

11

12 60-2

13

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 14 1963

1. PLACE OF DEATH

a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
5 hrsc. FULL NAME OF DECEASED (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lakeside OsteopathicInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jacksonc. CITY OR TOWN GrandviewInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
13011 CrystalReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First INFANT Middle - Last HILL

4. DATE OF DEATH

Month 12 Day 26 Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-26-62

9. AGE (last birthday)

-

IF UNDER 1 YEAR

Months - Days - Hours 5 Min. 4

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Kansas City, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

T. F. Hill

13b. MOTHER'S MAIDEN NAME

Donna L. Jankovich

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)
No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

TOMMIE HillAddress 13011 CRYSTALGRANDVIEW, 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)

Anoxia

INTERVAL BETWEEN ONSET AND DEATH

4 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

atelectasis

DUE TO (c)

prematurity

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Premature and Immature - 1 lb 6 oz

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ 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. I attended the deceased from 12/26/62 to 12/26/62 and last saw him alive on 12/26/62Death occurred 7:32 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John M. Howard

22b. ADDRESS

5826 Mission Road

22c. DATE SIGNED

12/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

CREMATION

23b. DATE

12-28-1962

23c. NAME OF CEMETERY OR CREMATORY

ELMWOOD CREMATORY

23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

WORNALL FUNERAL HOME INC. K.C.MO. 12-27-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 W.C. Bessine

Licensed Embalmer No. 4879

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.