

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1401-63-006303
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1401

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Frank Paul Laurens

MEDICAL CERTIFICATION

REMOVAL (Specify)

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 Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 30 yrs.		Inside Limits Yes No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Heartstone Nursing Home		d. STREET ADDRESS (If outside, give location) 1019 Forest	
708 Garfield		Reside on Farm Yes No ☐	
3. NAME OF DECEASED (Type or print) EFFIE		4. DATE OF DEATH Month 2 Day 27 Year 1963	
5. SEX Female		6. COLOR OR RACE White	
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 9-10-80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
13a. FATHER'S NAME James M. Wilmott		13b. MOTHER'S MAIDEN NAME Molly Ann Miller	
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. 497-28-5490	
17. INFORMANT Records: Jackson County Welfare,		Address K.C., 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 2 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension		10 years	
DUE TO (c) Arteriosclerosis		14 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 2:30 a.m. p.m. Month, Day, Year 10-19-62	
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 Strasburg STATE Missouri	
21. I attended the deceased from 10-19-62 to 2-27-63 and last saw her alive on 2-27-63		Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Frank Paul Laurens		22b. ADDRESS 428 So White Ave	
22c. DATE SIGNED 2-27-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3-5-63		23c. NAME OF CEMETERY OR CREMATORY Strasburg Cemetery	
23d. LOCATION (City, town, or county) Strasburg, Missouri		(State)	
24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S.) K.C., MO.		25. DATE RECD. BY LOCAL REG. 3-4-63	
26. REGISTRAR'S SIGNATURE Ruth H 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

John R. Sidman

Licensed Embalmer No.

4531

P. O. Address

Kansas City, 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.