

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006976

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1443

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 7004
3
4 0
5 2
6
7 1
8 0
9331X
10
11
12 66-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 15 1963		
1. PLACE OF DEATH a. COUNTY Jackson		
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 12 days		
c. CITY OR TOWN Lee's Summit Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. STREET ADDRESS (If outside, give location) 503 North Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Jackson Sankey		
4. DATE OF DEATH Month Day Year Mar. 1, 1963		
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 Sept. 15, 1978		9. AGE (last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Benton Co. Ohio		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John W. Sankey		13b. MOTHER'S MAIDEN NAME Mary Ann Jackson
14. NAME OF HUSBAND OR WIFE. Harriett O. Sankey (Dec		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No.)		16. SOCIAL SECURITY NO. 08-1-31444
17. INFORMANT Ira J. Sankey, 3634 E. 61st. St.		Address D.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Atherosclerotic Vascular DUE TO (c) 15 days 1 year		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)		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 Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 May 1960 to 3-1-63 and last saw him alive on 3-1-63 Death occurred at 1:30 P A m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) M.D. Durnell		22b. ADDRESS Lee's Summit, Mo.
22c. DATE SIGNED 3-1-63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Mar. 3, 1963	23c. NAME OF CEMETERY OR CREMATORY Louisburg Cemetery
23d. LOCATION (City, town, or county) Louisburg, Kansas		(State)
24. FUNERAL DIRECTOR Langsford Funeral Home		25. DATE RECD. BY LOCAL REG. 3-4-63
26. REGISTRAR'S SIGNATURE Ruth A 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 D. B. Langford Jr

Licensed Embalmer No. 4962

P. O. Address Lee's Summit, 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.