

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-010811

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 133

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 1 1963

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN El Dorado Springs		Length of stay in 1b 80 Days	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Co. Mem. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5159 Sewell Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MONA Middle (NONE) Last YEO			4. DATE OF DEATH Month March Day 22 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-27-87	9. AGE (last birthday) 75	IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Purchasing Agent		10b. KIND OF BUSINESS OR INDUSTRY Hardware	11. BIRTHPLACE (City and state or country) Smith Co., Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME George Yeo		13b. MOTHER'S MAIDEN NAME Ella Lambert		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) No			16. SOCIAL SECURITY NO.		17. INFORMANT Emmett Shedd, Stockton, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and Debilitation DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 weeks year		
--	--	--	---	--	--

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 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 _____ a.m. _____ p.m. 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 El Dorado Springs, Mo.		COUNTY _____ STATE _____
21. I attended the deceased from 1/28/63 to 3/22/63 and last saw her alive on 3/22/63 Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) Wm. C. Sunderwirth, P.O.		22b. ADDRESS El Dorado Springs, Mo.		22c. DATE SIGNED 3/23/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-28-1963	23c. NAME OF CEMETERY OR CREMATORY Chapel Hill Mem. Garden	23d. LOCATION (City, town, or county) (State) Wyandotte Co., Kansas	

24. FUNERAL DIRECTOR Carlton Fun. Home, Stockton, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-23-63	26. REGISTRAR'S SIGNATURE John E. Burkholder
---	---------	--	--

(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59
10201
281502
3
4 1
5 0
6
7 1
8 0
94500
10
11
12 1-2
13 1-0

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF.

USE BLACK INK OR TYPEWRITER RIBBON

APR 14 1963

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 G. Coulter

Licensed Embalmer No. 4387

P. O. Address Stockton, Md.

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.

Permit Permits Obtained 3-23-63