

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010887

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3213 Registrar's No. 66

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6004

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK

OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED APR 1 1963		1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY, MO. Length of stay in lb		c. CITY OR TOWN KANSAS CITY NORTH Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4430 KELSEY RD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NORTH KANSAS CITY MEM. HOSP. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) First THOMAS Middle ROBERT Last WARE		4. DATE OF DEATH Month MARCH Day 22 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-26-06	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CUTTER		10b. KIND OF BUSINESS OR INDUSTRY WORKED OUT OF LOCAL #60		11. BIRTHPLACE (City and state or country) HENRIETTA, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME THOMAS L. WARE		13b. MOTHER'S MAIDEN NAME FEDELLA GRAHAM		14. NAME OF HUSBAND OR WIFE FLORENCE E. WARE	
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. 42	17. INFORMANT Address FLORENCE E. WARE 4430 KELSEY RD.		
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure Cachexia and Anemia DUE TO (b) Massive metastatic Carcinoma, Liver DUE TO (c) Primary Carcinoma, Stomach PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year a.m. p.m.		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		COUNTY	STATE
21. I attended the deceased from 11-27-62 to 3-23-63 and last saw ^{her} him alive on 3-23-63 . Death occurred at 6:08 ^p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert H. Hudgens me		22b. ADDRESS 2029 Burlington St North Kansas City Mo		22c. DATE SIGNED 3-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-25-1963	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL MEM. GARDENS		23d. LOCATION (City, town, or county) (State) KANSAS CITY NORTH MO.	
24. FUNERAL DIRECTOR HARRY BUTLER ADDRESS 2100 E. RUSSELL RD.		25. DATE RECD. BY LOCAL REG. 3-25-63		26. REGISTRAR'S SIGNATURE Marguerite Hudgens	



APR 3 1963

APR 1 1963

Post
paid

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 Russell W. Dennis

Licensed Embalmer No. 3462 (mo)

P. O. Address KCK

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.

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