

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011845

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1802

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 1 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1						
2 707						
3						
4 0						
5 1						
6						
7 1						
8 1						
9 490X						
10						
11						
12 76-0						
13						
ITEM NO.	SHOULD READ					

USE BLACK INK OR TYPEWRITER RIBBON

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		Length of stay in lb 69 days	c. CITY OR TOWN ATHERTON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1
3. NAME OF DECEASED (Type or print) First ELMER Middle BURNICE Last PEARSON		4. DATE OF DEATH Month March Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-19-87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 76
11a. FATHER'S NAME Bob Pearson		11b. MOTHER'S MAIDEN NAME Eska Chabold	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		14. NAME OF HUSBAND OR WIFE VA Hospital, Official Records, K.C., Mo.	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Lobar pneumonia			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Staphylococcus, coagulase positive	
		DUE TO (c)	
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 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 3:40 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		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 Independence Mo	
21. I attended the deceased from Jan. 8, 1963 to March 18, 1963		Death occurred at 3:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. H. OWINGS, M.D. (Degree or title)		22b. ADDRESS VA Hospital, Kansas City, Mo.	
22c. DATE SIGNED 3-20-63 (State)			
23a. BURIAL, CREMATION, REQUIVAL (Specify) Burial	23b. DATE 3-21-1963	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	
24. FUNERAL DIRECTOR Roland R Speaks Funeral Home Independence		25. DATE RECD. BY LOCAL REG. 3-20-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

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

Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indip. 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.