MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 280 Primary Registration District No. 1002 Registrar's No. 1772 STATE FILE NUMBER 63-012744

FILED APR 1 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

10838
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | ITEM NO. | SHOULD READ | INSTEAD OF | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: PLATTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 1½ HOURS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 71 HIWAY & W HIWAY — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 723 PROSPECT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ELIZABETH Middle GERTRUDE Last FEINDEL

4. DATE OF DEATH: Month MARCH Day 17 Year 1963

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-2-1898
9. AGE (last birthday): 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POWER MACHINE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: K.C. BOY'S WEAR
11. BIRTHPLACE (City and state or country): BRADFORD, ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: PETER L. ELSTON
13b. MOTHER'S MAIDEN NAME: ALICE MAY DECKER
14. NAME OF HUSBAND OR WIFE: FREDERICK W.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: EARL L. FEINDEL Address: 308 S. WHEELING

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BROKEN NECK
DUE TO (b): AUTO ACCIDENT
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐ — ACCIDENT
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 ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIGHWAY
20f. CITY, TOWN, OR LOCATION: KANSAS CITY COUNTY: PLATTE STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at APPROX. 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Roland M. Giffee Coroner
22b. ADDRESS: Platte City, Mo.
22c. DATE SIGNED: 3-17-63

Roland M. Giffee

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-19-63
23c. NAME OF CEMETERY OR CREMATORY: MT. WASHINGTON
23d. LOCATION (City, town, or county) (State): INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR: C.H. BLACKMAN & SON INC. ADDRESS: K.C., Mo.
25. DATE RECD. BY LOCAL REG.: 3-19-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address K.C., 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.