

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-015340

STATE FILE NUMBER

Registration District No. 22 Primary Registration District No. 3013 Registrar's No. 98

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

16004

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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

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>North Kansas City</b>		Length of stay in 1b <b>6 wks</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>North Kansas City Memorial</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7840 Cernech</b>
3. NAME OF DECEASED (Type or print) <b>James W. Holt</b>		4. DATE OF DEATH Month <b>4</b> Day <b>22</b> Year <b>63</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-17-82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	9. AGE (last birthday) <b>80</b>
11. BIRTHPLACE (City and state or country) <b>Missouri City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Dolf Holt</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Annie Holt</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT <b>Wife-Home</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Toxic Nephrosis + Nephrosclerosis</b> DUE TO (c) <b>hemorrhagic Pancreatitis + Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3da</b>
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 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 COUNTY STATE
21. I attended the deceased from <b>4-15-63</b> to <b>4-22-63</b> and last saw him alive on <b>4-22-63</b> Death occurred at <b>1159 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Robert W Doerin MD</b> (Degree or title)		22b. ADDRESS <b>6400 Prospect K.C. Mo</b>	22c. DATE SIGNED <b>4-23-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-25-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Kansas</b>		(State)	
24. FUNERAL DIRECTOR <b>R. A. Fulton, K. C., Ks.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-23-63</b>	26. REGISTRAR'S SIGNATURE <b>Marquitta Anderson</b>

**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

*R. A. Fulton*

Licensed Embalmer No.

*3503*

P. O. Address

*KKKs*

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.