

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018001

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2089 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 29 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

4-18-63
4-18-63

Jackson Co., Kansas City
22 yrs.

2b, c Clay Co., Gladstone
1b 3 1/2 months

BY AFFIDAVIT OF Funeral Director DOCUMENT

MEDICAL CERTIFICATION

A. A. Guer

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MISSOURI COUNTY CLAY TOWN JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 3 1/2 mos. 22 years		c. CITY OR TOWN KANSAS CITY GLADSTONE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6106 No. GARFIELD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ETHEL Middle DISS Last DISS			4. DATE OF DEATH Month APRIL Day 6 Year 1963
5. SEX FEMALE	6. COLOR OR RACE CAUC.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1887
9. AGE (last birthday) 74 7/6		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY KANSAS CITY, MISSOURI
11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME GEORGE MYERS		13b. MOTHER'S MAIDEN NAME IDA	
14. NAME OF HUSBAND OR WIFE FRANK DISS		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 ROY DISS, KANSAS CITY, MISSOURI Address: 4112 HIGHLAND AVENUE	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe diverticulitis DUE TO (b) multiple intra abdominal abscesses DUE TO (c) abscesses 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			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	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 COUNTY STATE
21. I attended the deceased from 12-4-61 and last saw her alive on 4-5-63 Death occurred at 4-6-63 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 4-6-63	
22a. SIGNATURE <i>[Signature]</i> (Degree or title) MD		22b. ADDRESS 6400 Prospect (State)	
22c. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	22d. DATE APRIL 7 1963	22e. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY	22f. LOCATION (City, town, or county) PITTSBURG KANSAS
23. FUNERAL DIRECTOR J. W. NEWCOMER'S SONS, KANSAS CITY, MO.		24. DATE RECD. BY LOCAL REG. 4-6-63	25. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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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

Harold L. Cottenacht

Licensed Embalmer No. 3035

P. O. Address Warland, N.J.

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.