MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023349

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 701

FILED JUN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117
2 3428
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4 1
5 3
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12 93-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph,
Length of stay in 1b: 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #2
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson ~~Buchanan~~
c. CITY OR TOWN: Kansas City,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3015 Paseo Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOTTIE Middle LEE Last NORTH

4. DATE OF DEATH: Month June Day 7, Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: Mar. 27, 1900
9. AGE (last birthday): 63
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Wilder, Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Frank Farris
13b. MOTHER'S MAIDEN NAME: Mary Lillim Allen
14. NAME OF HUSBAND OR WIFE: H. W. North

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: Mr. H. W. North
Address: Kansas City, Mo.

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) Inspiration Strangulation — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Intestinal Obstruction — 2 day
DUE TO (c) Fecal vomiting.
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 ☐
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 6-1963, to June 7-1963 and last saw her alive on June 7-1963.
Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H. F. Mundy M.D. (Degree or title)
22b. ADDRESS: St Joseph Mo.
22c. DATE SIGNED: June 7-1963

H. F. MUNDY, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: June 8, 1963
23c. NAME OF CEMETERY OR CREMATORY: Fulton Funeral Home
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: June 11, 1963
26. REGISTRAR'S SIGNATURE: Mrs Clark Goodell

(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 _____

Licensed Embalmer No. 5220

P. O. Address St Joseph, 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.