

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035390

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 5220 Registrar's No. 165

FILED OCT 15 1963

VS-300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY CASS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CASS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PLEASANT HILL Length of stay in 1b 1 MO | | c. CITY OR TOWN PLEASANT HILL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR 2 | | d. STREET ADDRESS (If outside, give location) RR 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JEFFREY DEAN GREIFE | | 4. DATE OF DEATH Month Day Year 10 3 63 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-4-63 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 1 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. |
| 11a. FATHER'S NAME HOWARD GREIFE | | 11b. MOTHER'S MAIDEN NAME EVELYN HENNESSEY | |
| 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no | | 13. SOCIAL SECURITY NO. | |
| 14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | | 17. INFORMANT HOWARD GREIFE Address PLEASANT HILL | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cass Co coroner was called | | 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 | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cass Co coroner investigated | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" 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.) Baby had some cold | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year 11:30 10-3-63 | | 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.) Home | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE R. 2. Pleasant Hill MO | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 11:30 on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Ray J. Sebe (Type name or title) | | 22b. ADDRESS Harrisonville MO | |
| 22c. DATE SIGNED 10-4-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10-4-63 | |
| 23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL | | 23d. LOCATION (City, town, or county) (State) PLEASANT HILL MO | |
| 24. FUNERAL DIRECTOR WALLACE FUNERAL ADDRESS PLEASANT HILL | | 25. DATE RECD. BY LOCAL REG. 10-4-63 | |
| | | 26. REGISTRAR'S SIGNATURE Ray J. Sebe | |

MO (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

James E. Wallace

Licensed Embalmer No. 3921

P. O. Address

Pleasant Hill, 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.