

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039995

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5588

FILED OCT 24 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 7870

3

4 0

5 1

6

7 1

8 0

9332X

10

11

12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF George K. Boyd

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 6 weeks	c. CITY OR TOWN Hickman Mills, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elms Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6405 Long View Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle A. Last Lake			4. DATE OF DEATH Month October Day 15 Year 1963
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/14/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Open hearth operator		10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel	9. AGE (last birthday) 76
11. BIRTHPLACE (City and state or country) Oswego, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Seth Lake		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Estella V. Lake
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Mexican border		16. SOCIAL SECURITY NO.	17. INFORMANT Estella V. Lake Hickman Mills, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure DUE TO (b) Cerebral Infarction DUE TO (c) Cerebral Vascular Insufficiency			INTERVAL BETWEEN ONSET AND DEATH 30 min 3 days 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease			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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <u>Jan 1960</u> to <u>Present</u> and last saw him alive on <u>10-10-63</u> Death occurred at <u>3:00 Am</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George K. Boyd MD</u> (Deceased title)		22b. ADDRESS <u>5111 Independence Ave</u>	22c. DATE SIGNED <u>10/15/63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 17, 1963	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	
24. FUNERAL DIRECTOR Earp & Sons ADDRESS 4707 Truman Rd. K.C., Mo.		23d. LOCATION (City, town, or county) Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 10-15-63
		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>	

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 W. Corp

Licensed Embalmer No. 4622

P. O. Address Y.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.