

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6120-63-043746
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 149 Primary Registration District No. 1007 Registrar's No. _____

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	Rev. 4/59	DATE AMENDED										
1		INSTEAD OF											
2				DOCUMENT									
3					MEDICAL CERTIFICATION								
4						BY AFFIDAVIT OF							
5							S. H. Choy						
6								ITEM NO.					
7									SHOULD READ				
8										USE BLACK INK OR TYPEWRITER RIBBON			
9											REMOVING THIS RECORD TO ANOTHER DIVISION		
10												REMOVING THIS RECORD TO ANOTHER DIVISION	
11													REMOVING THIS RECORD TO ANOTHER DIVISION
12													
13	REMOVING THIS RECORD TO ANOTHER DIVISION												

FILED DEC - 2 1963	
1. PLACE OF DEATH	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY, MISSOURI
Length of stay in 1b 5 DAY S	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE MISSOURI	b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 1223 WEST FLORIDA	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	
First ORVILLE JOEL	Middle ALTTIC
Last ALTTIC	
4. DATE OF DEATH NOVEMBER 10, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-6-11
9. AGE (last birthday) 51 YRS	
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) FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and state or country) POLK COUNTY, MISSOURI U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHARLES E. ALTTIC	13b. MOTHER'S MAIDEN NAME NETTIE PERCY
14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW1	
16. SOCIAL SECURITY NO. KENNETH ALTTIC (SON) RR 11 SPNGFLD, MO VA HOSPITAL OFFICIAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Aspiration Pneumonia, Rt.	
DUE TO (b) Esophagobronchial fistula	
DUE TO (c) Recurrent Bronchogenic Carcinoma following left	
PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Resection of Esophagus	
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 _____ Month, Day, Year _____	
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. VA attended the deceased from NOVEMBER 6, 1963 to NOVEMBER 10, 1963 by VA live on _____	
Death occurred at 3:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>S. H. Choy</i>	(Degree or title) M. D.
22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO	
22c. DATE SIGNED 11-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE NOV. 11, 1963
23c. NAME OF CEMETERY OR CREMATORY 1331 Broadway Blvd	
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
24. FUNERAL DIRECTOR D.W. McCombs' Sons - Kansas City, Missouri	25. DATE RECD. BY LOCAL REG. 11-11-63
26. REGISTRAR'S SIGNATURE <i>Bessie Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1963

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1963

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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

Robert J. Dyer

Licensed Embalmer No. 4892

P. O. Address Overland Park, Ks.

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.