

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0014631

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

MAY FILED 08 64

Primary Registration District No.

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WindsorLength of stay in 1b
3 hrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Windsor HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
4522 GarfieldReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Daniel Eugene BOX4. DATE OF DEATH
Month Day Year
May 2, 19645. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Mar. 8, 579. AGE (last birthday)
710. IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None10b. KIND OF BUSINESS OR INDUSTRY
Child11. BIRTHPLACE (City and state or country)
Kansas City, Mo.12. CITIZEN OF WHAT COUNTRY
U S

13a. FATHER'S NAME

Everet T. Box

13b. MOTHER'S MAIDEN NAME

Lena Kessler

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None17. INFORMANT
4522 Garfield St.,
Everet Box Kansas City, Mo.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 Collapse
Intracranial Injury
Skull fracture
Automobile AccidentINTERVAL BETWEEN
ONSET AND DEATH
30 min.
3 hrs
3 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

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 ☐ Unknown19. 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.)
Passenger in auto20c. TIME OF INJURY
Hour Month, Day, Year
11:15 p.m. 5/1/6420d. 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.)
on Highway20f. CITY, TOWN, OR LOCATION
Cahoon

COUNTY

STATE
Henry Mo21. I attended the deceased from 5/2/64 to 5/2/64 and last saw him alive on 5/2/64
Death occurred at 2:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William J. Smith M.D. Windsor Mo.

22b. ADDRESS

22c. DATE SIGNED

5/2/64

23a. BURIAL, CREMATION,
REMOVAL (Specify)
removal23b. DATE
May 3, 196423c. NAME OF CEMETERY OR CREMATORY
Floral Hill Cemetery23d. LOCATION (City, town, or county)
Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Huston Funeral Home Windsor, Mo.

25. DATE RECD. BY LOCAL REG.

May 5, 1964

26. REGISTRAR'S SIGNATURE

Waldred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 11 1964

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 Alvin E. Heck

Licensed Embalmer No. 4863

P. O. Address Green Ridge, 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.