

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0043876

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5224 Registrar's No. 206

DO NOT WRITE ON THIS STUB

AMENDED

FILED 24 64

VS 300
Rev. 4/59

1 0190
2 28150
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4 1
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12 86-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARRISONVILLE</u>		c. CITY OR TOWN <u>EASTON</u>	
Length of stay in 1b <u>2 1/2 mos.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PLEASANTVIEW REST HOME</u>		d. STREET ADDRESS (If outside, give location) <u>NURSING HOME</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNIE ANNIE BIRD</u>			4. DATE OF DEATH Month Day Year <u>NOV. 17, 1964</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-2-1979</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (City and state or country) <u>EDENBORROW, SCOTTLAND</u>
13a. FATHER'S NAME <u>ANDREW ARNOT</u>		13b. MOTHER'S MAIDEN NAME <u>ANN COWAN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>KENNETH GILBERT SHAWNEE MISSION, KA.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>cardiac insufficiency</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. p.m. 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. I attended the deceased from <u>Oct 1964</u> to <u>Nov 17, 1964</u> and last saw her <u>alive</u> on <u>Nov 17, 1964</u> Death occurred at <u>6:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. E. Fensch</u> (Degree or title)		22b. ADDRESS <u>Harrisonville, Mo.</u>	
22c. DATE SIGNED <u>11/19/64</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-19-64</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u>		23d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE, MO.</u>	
24. FUNERAL DIRECTOR <u>GEO. C. CARSON, SONS</u>		25. DATE RECD. BY LOCAL REG. <u>11-12-64</u>	
ADDRESS <u>INDEP., MO.</u>		26. REGISTRAR'S SIGNATURE <u>Ray J. Sebra</u>	

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NOV 25 1964
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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. 726

working under my personal supervision.

Student Kenneth A. Rathmann
Signature of Student Embalmer

Signed Rollie Kessel

Licensed Embalmer No. 4690

P. O. Address Indep., 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.