

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

8534

FILED APR 2 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar No. 1201

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, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM HOSPITAL				Length of stay in lb. 33 yrs		d. STREET ADDRESS (If outside, give location) 2628 Forrest		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MAJOR ARCHER				First	Middle	Last	4. DATE OF DEATH Month 3 Day 12 Year 57			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH MAY 10 - 18 92		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY Theater		11. BIRTH PLACE (City and state or country) Tchula, Mississippi			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 495 05 0036		17. INFORMANT VA Hospital Official Records, K.C., 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) Aspiration pneumonia								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Coma		DUE TO (c) Cerebral Hemorrhage				331 *		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								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 a. m. p. m.										
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. <del>VA</del> attended the deceased from Feb. 15, 1957 to March 12, 1957 Death occurred at 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE L. G. AGEE, M.D.				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 3-12-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3 / 20 / 1957	23c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat'l. Cem.		23d. LOCATION (City, town, or county) Ft. Leavenworth, Kansas					
24. FUNERAL DIRECTOR L. G. Aggie, K. C., Mo.				25. DATE RECD. BY LOCAL REG. 3-15-57		26. REGISTRAR'S SIGNATURE Neva Marshall				

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service  
 300 -56  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Landis H. Jackson*

Licensed Embalmer No. 48

P. O. Address *R.C.P.*

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.