

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040325

STATE FILE NUMBER

NOV 18 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 473

S. 300, 3  
1-57

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 Independence		c. CITY OR TOWN Inter-City Blue Twp.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Indep. Sanit.		d. STREET (If outside, give location) ADDRESS 7000 1810 McKinley	
3. NAME OF DECEASED (Type or print) First Middle Last James Robert Mygatt		4. DATE OF DEATH Month Day Year Nov. 8 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30, 1937
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Laborer		10b. KIND OF BUSINESS OR INDUSTRY Enterprise Veenar	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
13a. FATHER'S NAME Harold Victor Mygatt		13b. MOTHER'S MAIDEN NAME Margaret Lee Buckley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-38-1365	
17. INFORMANT Mrs. Margaret Harper 1810 McKinley		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) <i>gun shot wound to head</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying 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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>apparently shot himself</i>	
20c. TIME OF INJURY Hour Month, Day, Year 12:20 a.m. 11-8-58			
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.) <i>home</i>	
20f. CITY, TOWN, OR LOCATION <i>Independence Jackson Mo</i>		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>W. C. Schellher Deputy Coroner</i>		22b. ADDRESS <i>6027 Walnut St. Cmo</i>	
22c. DATE SIGNED <i>11-8-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 10, 1958	
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Geo. C. Carson & Sons Indep. Mo.		25. DATE RECD. BY LOCAL REG. 11-10-58	
26. REGISTRAR'S SIGNATURE <i>James L. Goy</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

No symptoms will be listed.

NOV 21 1958

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 *R. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address *Indy, 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.