

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-025051

FILED VS JUL 27 1959

Registration District No. 149 Primary Registration District No. 1002

STATE FILE NUMBER  
Registrar's No. 3307

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fairway</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>St Luke's Hosp</u>		Length of stay in 1b. <u>14 days</u>	d. STREET ADDRESS (If outside, give location) <u>8150 W. 60th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle <u>WILLIAM</u> Last <u>CLIBORN</u>			4. DATE OF DEATH Month <u>July</u> Day <u>5</u> Year <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11-28-1913</u>
9. AGE (In years last birthday) <u>45</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>	11. BIRTHPLACE (City and state or country) <u>Republic, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. NAME OF HUSBAND OR WIFE <u>Elise I. Cliborn</u>	
13a. FATHER'S NAME <u>Wm. Seigel Cliborn</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Belle Fare</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>614-50-0318</u>	
17. INFORMANT <u>Mrs. Elise I. Cliborn</u>		Address <u>Fairway, Kans.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (d), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Spirit. Sub-acute leukemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
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) <u>330X</u>			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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from <u>June 21, 1959</u> to <u>June 5, 1959</u> and last saw <sup>him</sup> alive on <u>June 5-59</u> Death occurred at <u>12:25 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. F. Coulter M.D.</u> (Degree or title)		22b. ADDRESS <u>Merion, Kansas</u>	
22c. DATE SIGNED <u>7-6-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>7-7-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>Eugene P. Amos</u> ADDRESS <u>Shawnee, Kansas</u>		25. DATE RECD. BY LOCAL REG. <u>7-7-59</u>	
26. REGISTRAR'S SIGNATURE <u>neva minshall</u>			

All diseases in Part I must be causally related.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
H. F. Coulter

MEDICAL CERTIFICATION

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1912

**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 *Eugene P. Amos* .....  
Eugene P. Amos  
Licensed Embalmer No. 5023 .....  
P. O. Address Shawnee, Kansas

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.