

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 21 1960 54

=60-023508
STATE FILE NUMBER

Registration District No. 54 Primary Registration District No. 5575 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grandview Missouri		Length of stay in lb 7 yrs.		c. CITY OR TOWN Grandview, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13406 13th Street				d. STREET ADDRESS (if outside, give location) 13406 13th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First LESLIE Middle MORGAN Last CULVER				4. DATE OF DEATH Month 6 Day 15 Year 60					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-3-88			
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 72 Days		IF UNDER 24 HR Hours 72 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metorman			10b. KIND OF BUSINESS OR INDUSTRY Public Transit Co Illinois			11. BIRTHPLACE (City and state or country) USA			
12. CITIZEN OF WHAT COUNTRY USA			13a. FATHER'S NAME Alva Culver				13b. MOTHER'S MAIDEN NAME Anna Ashley		
14. NAME OF HUSBAND OR WIFE Blanche				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. 486-10-1664	
17. INFORMANT Blanche Culver, Grandview, Missouri				17. 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) Myocardial Infarction DUE TO (b) Coronary Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 30 min. 15 yrs			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 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 Feb. 1955 to 6-15-60 and last saw him alive on 6-15-60 Death occurred at 4:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Deedee or title) Raymond J. Coffey M. D.				22b. ADDRESS Grandview, Mo.		22c. DATE SIGNED 6-16-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-17-1960		23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
24. FUNERAL DIRECTOR E.K. George & Sons Missouri.				25. DATE RECD. BY LOCAL REG. 6/17/60		26. REGISTRAR'S SIGNATURE Stirling Dodson			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Derby E. Edwards

Licensed Embalmer No. 4911

P. O. Address Sumner

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.