

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026186

FILED VS AUG 3 1960

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138

STATE FILE NUMBER

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Cass</i>		2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cass</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural Peculiar Twp</i> Length of stay in 1b		c. CITY OR TOWN <i>Rural Grand River Twp</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2 mi W of Harrisonville on Hwy 71</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>4 1/2 mi S.E. of Harrisonville</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>JAMES CLIFFORD DIAMOND</i>			4. DATE OF DEATH Month Day Year <i>July 28 1960</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 37 1940</i>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <i>20</i>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Welder</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Auto Body</i>	11. BIRTHPLACE (City and state or country) <i>Belton Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Clifford Diamond</i>	13b. MOTHER'S MAIDEN NAME <i>Margaret Marie McGlynn</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes 1958-1959-1960</i>	16. SOCIAL SECURITY NO. <i>489-44-2633</i>	17. INFORMANT Address <i>Clifford Diamond Harrisonville</i>
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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>Cerebral Trauma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i>
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)		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>auto wreck</i>
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20c. TIME OF INJURY Hour <i>1:40</i> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <i>7 28 60</i>

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.) <i>71 highway</i>	20f. CITY, TOWN, OR LOCATION, COUNTY STATE <i>Peculiar Township 2 miles west of Harrisonville Mo. Cass Mo.</i>
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21. I attended the deceased from _____, to _____, to _____ and last saw her alive on _____
Death occurred at *1:40 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Robert C. Phillips D.C. coroner</i>	22b. ADDRESS <i>Harrisonville Mo.</i>	22c. DATE SIGNED <i>7/28/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 30 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Rees Summit Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Rees Summit Mo.</i>
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24. FUNERAL DIRECTOR <i>Funerary Bureau Harrisonville Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>July 29 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Ray Sebree</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ernest Remmenburg

Licensed Embalmer, No. 336

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.