

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041925

FILED VS NOV 23 1960 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 5618 STATE FILE NUMBER

NEDE

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		Length of stay in 1b 40 years		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 VA HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1622 CAMPBELL		
3. NAME OF DECEASED (Type or print) First Middle Last MARVIN CLAYTON				4. DATE OF DEATH Month Day Year NOVEMBER 3, 1960				
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 11-25-02		
				9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days		
						IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY KITCHEN WORKER		11. BIRTHPLACE (City and state or country) RAND, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JAMES CLAYTON			13b. MOTHER'S MAIDEN NAME MARY MAC WRIGHT			14. NAME OF HUSBAND OR WIFE unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2			16. SOCIAL SECURITY NO. 490-16-4357		17. INFORMANT Address JOHN PITTS, cousin 1330 E 17 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) Pulmonary tuberculosis, far advanced						VA HOSPITAL OFFICIAL RECORDS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma, left lung						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 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. VA attended the deceased from OCTOBER 22, 1960 to NOVEMBER 2, 1960 and last seen/heard/visited by Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>R. A. Owings</i> M.D.				22b. ADDRESS VA Hospital K.C., Mo.			22c. DATE SIGNED 11-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-8-60		23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) Ardmore, Oklahoma (State)		
24. FUNERAL DIRECTOR Mrs. Meek's Mortuary, K.C. Mo.				25. DATE RECD. BY LOCAL REG. 11-8-60		26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R. A. Owings

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Hazel M. Nander

Licensed Embalmer No. 494

P. O. Address H. C. D.

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