

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

OF PUBLIC HEALTH AND WELFARE

6341-60-046007
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED VS JAN 10 1961

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 Ckty		Length of stay in 1b 7 yrs	c. CITY OR TOWN 704 W. 17th		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) Kansas City		
3. NAME OF DECEASED (Type or print) First Earl Middle Day Last Day			4. DATE OF DEATH Month 12th Day 16th Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-15-21	9. AGE (last birthday) 39 yrs	IF UNDER 1 YEAR Months Days 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Taney County, Mo		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Sam P. Day		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Johnnie R. Day		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Johnnie R. Day, Wife, Kansas City, Mo V.A. Hospital, Kansas City, 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) Bronchopneumonia					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) Severe fatty metamorphosis of the liver						
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 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.) VA	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from November 30, 1960 to December 16, 1960 last seen conscious Death occurred at 12:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE R.A. Owens (Degree or title) MD			22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 12-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 17, 1960	23c. NAME OF CEMETERY OR CREMATORY -	23d. LOCATION (City, town, or county) Branson		(State) Missouri	
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons, Kansas City, Mo			25. DATE RECD. BY LOCAL REG. 12-17-60	26. REGISTRAR'S SIGNATURE H-L Dwyer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF OATHS

1951 I T H P SA

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 Chester K Brown

Licensed Embalmer No. 492
P. O. Address K P M

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.