

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001644

STATE DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

8 1961

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 284

STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 John S. Caldwell

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 4 years	c. CITY OR TOWN Holden		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 7505 E 87th St.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 9th & Olive St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First CARRIE Middle F. Last SIX			4. DATE OF DEATH Month January Day 14, Year 1961					
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/29/82	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>		IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Roman, Virginia		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Walter F. Landis			13b. MOTHER'S MAIDEN NAME Rebecca (unknown)		14. NAME OF HUSBAND OR WIFE Roscoe C. Six			
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. XXXX		17. INFORMANT Herbert Six, Kansas City, Missouri		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Acute Cerebral Thrombosis						9 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Cerebral Arteriosclerosis		
DUE TO (c)						2 years		
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Month, Day, Year						
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Sept 22, 1960 to Jan 14, 1961 and last saw her/him alive on Jan. 10, 1961 Death occurred at 8:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE John S. Caldwell (Degree or title)			22b. ADDRESS 306 512 St. Kansas City, Mo.			22c. DATE SIGNED 1-17-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1/17/1961	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		23d. LOCATION (City, town, or county) Holden, Missouri. (State)			
24. FUNERAL DIRECTOR Canaday & Ropp, Holden, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 1-17-61		26. REGISTRAR'S SIGNATURE Ruth Long			

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 *M. J. Cundley*

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.