

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002568

FILED VS JAN 17 1961

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 1

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte									
b. CITY (If outside corporate limits, give TOWNSHIP only), OR TOWN Platte City		Length of stay in lb 70 Years		c. CITY OR TOWN Platte 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 Home in Platte City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS None (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) James Atkins Wren First Middle Last				4. DATE OF DEATH Jan. 3, 1961 Month Day Year									
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 5-5-1883		9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live Stock Dealer				10b. KIND OF BUSINESS OR INDUSTRY Live Stock		11. BIRTHPLACE (City and state or country) Platte County Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME James Wren				13b. MOTHER'S MAIDEN NAME Heley Atkins				14. NAME OF HUSBAND OR WIFE Mrs Marion Wren					
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.		17. INFORMANT Mrs Marion Wren Address Platte 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) Myocardial Infarct DUE TO (b) As Scler. D. o DUE TO (c) Generalized A. S. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH year year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Diabetes; myasthenia gravis								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 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 on 1947 to 1961 and last saw ^{him} alive on 1/31/61 Death occurred at 2 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) H Stephen Jarman M.D.						22b. ADDRESS Platte City, Mo.			22c. DATE SIGNED 1/4/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-5-61		23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery		23d. LOCATION (City, town, or county) (State) Platte City, Mo.							
24. FUNERAL DIRECTOR Rollins & Mitchell ADDRESS Platte City, Mo.				25. DATE RECD. BY LOCAL REG. Jan 6 - 1961		26. REGISTRAR'S SIGNATURE Clphia Rollins							

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 *James H. Walker*

Licensed Embalmer No. 5110

P. O. Address *Elm St. City*

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.