# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 557-61-005564

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 557

AMENDED

FILED VS FEB 20 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

**1. PLACE OF DEATH**

a. COUNTY: JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 32 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE: KANSAS b. COUNTY: Wyandotte

c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 2959 NORTH 17TH — Reside on Farm: Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print): First: FLOYD Middle: MELBURN Last: VERNON

**4. DATE OF DEATH** Month: January Day: 31 Year: 1961

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. Married** ☒ Never Married ☐ Widowed ☐ Divorced ☐

**8. DATE OF BIRTH:** 9-4-92

**9. AGE** (last birthday): 68

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): Mechanic

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (City and state or country): Sloan Iowa

**12. CITIZEN OF WHAT COUNTRY:** U.S.A.

**13a. FATHER'S NAME:** Thomas N. Vernon

**13b. MOTHER'S MAIDEN NAME:** Clara Dennis

**14. NAME OF HUSBAND OR WIFE:** Alvina Vernon

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI

**17. INFORMANT** VA Hospital Official Rcds,K.C.Mo

Address: Alvina Vernon, 2959 N 17,Kansas City,Ks

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of rectum with peritoreal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinomatosic and massive hepatic metastasis

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

**19. WAS AUTOPSY PERFORMED?** YES ☒ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**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 ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

VA

**21.** I attended the deceased from December 30, 1960, to January 31, 1961 and last saw him alive on

Death occurred at 8:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** S H Choy (Degree or title) M.D.

**22b. ADDRESS:** VA Hospital, Kansas City, Mo.

**22c. DATE SIGNED:** 1-31-61

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**23b. DATE:** 2-1-1961

**23c. NAME OF CEMETERY OR CREMATORY:** Veterans Administration

**23d. LOCATION** (City, town, or county) (State): Wadsworth Kans.

**24. FUNERAL DIRECTOR** ADDRESS: D. W. Newcomer's Sons K.C.K.

**25. DATE RECD. BY LOCAL REG.:** 2-1-61

**26. REGISTRAR'S SIGNATURE:** Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

**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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas 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.