MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014093
STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 8

FILED APR 26 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 118th. & Blue River Rd. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Belton — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route #1 165 & Holmes St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LELAND Middle WILLIAM Last CLARY
4. DATE OF DEATH: Month 4 Day 10 Year 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-2-41
9. AGE (last birthday): 20 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Cement Work
11. BIRTHPLACE (City and state or country): Stillwell Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Elmer Lee Clary
13b. MOTHER'S MAIDEN NAME: Hazel Anderson
14. NAME OF HUSBAND OR WIFE: None
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: Mr. Elmer L. Clary — Address: R.R.#1, Belton, 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): Shock & Hemorrhage resulting
DUE TO (b): from multiple fractures of skull &
DUE TO (c): maceration of brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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): None

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.) Car rain off Highway
20c. TIME OF INJURY: 4:45 Hour ~~a.m.~~ p.m. Month, Day, Year: 4-10-61
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.): Highway
20f. CITY, TOWN, OR LOCATION: COUNTY: Jackson STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo C Kealhofer for MH Deputy Coroner
22b. ADDRESS: 6627 Prospect Kans
22c. DATE SIGNED: 4-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-13-61
23c. NAME OF CEMETERY OR CREMATORY: Belton Mo Cemetery
23d. LOCATION (City, town, or county): Belton (State): Missouri

24. FUNERAL DIRECTOR: WEILERT FUNERAL HOMES(S) — ADDRESS: K.C., MO.
25. DATE RECD. BY LOCAL REG.: 4/20/61
26. REGISTRAR'S SIGNATURE: Sterling Goddard

Geo. C. Kealhofer

MEDICAL CERTIFICATION

(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 Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas City, M

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.