

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-016825
STATE FILE NUMBER

AMENDED **F** FILED MAY 18 1961
Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 73

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City Length of stay in 1b 2 Days		c. CITY OR TOWN Kansas 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 Memorial Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 700 W. Englewood Rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Judith Middle ANN Last CLARK			4. DATE OF DEATH Month MAY Day 10 Year 1961
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-21-1938
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTER CLERK Deluxe Laundry		10b. KIND OF BUSINESS OR INDUSTRY Grand Cooky Wash	11. BIRTHPLACE (City and state or country) U.S.A
13a. FATHER'S NAME CLAUDE SAVAGE		13b. MOTHER'S MAIDEN NAME RUBY STAPLE	14. NAME OF HUSBAND OR WIFE GLENN T. CLARK
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 Address MRS. RUBY SAVAGE RT. 4 PARKVILLE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE RESPIRATORY FAILURE			INTERVAL BETWEEN ONSET AND DEATH 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ENCEPHALOMALACIA 2-CEREBRAL ARTERY			2 days
DUE TO (c) THROMBOSIS L. INT. CAROTID ARTERY			2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital Leses			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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			
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from MAY 8, 1961 to MAY 10, 1961 and last saw her alive on MAY 10, 1961 Death occurred at 2:30 A.M. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Name or title) Daniel C. Boone MD		22b. ADDRESS 2025 Swift - NKC 16, Mo	22c. DATE SIGNED 5-10-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-12-1961	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem	23d. LOCATION (City, town, or county) (State) CLAY COUNTY, MO.
24. FUNERAL DIRECTOR ADDRESS D.W. Newcomer's Sons N.K.C.		25. DATE RECD. BY LOCAL REG. 5-11-61	26. REGISTRAR'S SIGNATURE Margaret Judson

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

Sherrill Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 18. h

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.