

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029484

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3916

STATE FILE NUMBER

AMENDED

LED AUG 25 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>Life</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3034 Forest</u>	
3. NAME OF DECEASED (Type or print)		First <u>LUCIAN</u>		Middle <u>VINCENT</u>	
		Last <u>MAYER</u>		4. DATE OF DEATH	
				Month <u>8</u> Day <u>5</u> Year <u>61</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-24-25</u>	9. AGE (last birthday) <u>36</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Freight Rate Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Lines</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Vincent Mayer</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Delaney</u>	
14. NAME OF HUSBAND OR WIFE <u>Jeanne Buhler Mayer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mr. Vincent Mayer: 5400 Foster, Merriam</u> <u>Mrs. Jeanne Mayer: 3034 Forest, K.C., Mo.</u>	
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) <u>Bullet Wound Head</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)				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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>apparently self inflicted</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. <u>6:11</u> p.m. <u>61</u>	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.) <u>Res</u>	20f. CITY, TOWN, OR LOCATION <u>Kans City</u>	COUNTY <u>Jackson</u>	STATE <u>MO</u>
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at <u>1:05</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Hugh Owens M.D. Coroner</u>			22b. ADDRESS <u>152 Union Station-K.C., Mo.</u>		22c. DATE SIGNED <u>8-7-61</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>8-9-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>WEILERT FUNERAL HOMES(S) K.C., MO.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>8-7-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

