

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033178

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4482 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
HUBERT H. OWENS

**FILED SEP 20 1961**

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 1939  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION BELOW GRAND AVE. BRIDGE Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1218 E 34th Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last CLIFFORD H WARDRIP  
 4. DATE OF DEATH Month Day Year 9 4 61

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH MAY 15 1912 9. AGE (last birthday) 49  
 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 Bldg. & Const 11. BIRTHPLACE (City and state or country) Blythdale, Mo 12. CITIZEN OF WHAT COUNTRY U. S.

13a. FATHER'S NAME James E Wardrip Sr 13b. MOTHER'S MAIDEN NAME Dolly Mae Owens 14. NAME OF HUSBAND OR WIFE

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 Katherine Russell Address Pueblo Colo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Head levered from body at neck.  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ? DUE TO (c) L arm macerated  
 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.) Run over by car in terminal.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 9-4-61 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.) terminal 20f. CITY, TOWN, OR LOCATION Kans City COUNTY Jackson STATE MO

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw him/her 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) Hugh A Owens Coroner 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 9-5-61  
 23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL 23b. DATE 9-8-61 23c. NAME OF CEMETERY OR CREMATORY CEDAR HILL CEM 23d. LOCATION (City, town, or county) BLYTHDALE MO 23e. STATE

24. FUNERAL DIRECTOR SEBETO'S K.C. MO ADDRESS 25. DATE RECD. BY LOCAL REG. 9-7-61 26. REGISTRAR'S SIGNATURE Ruth Long

**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 Forrest D. Coldman

Licensed Embalmer No. 4714

P. O. Address KC Mo.

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.