

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6343-61-044931

STATE FILE NUMBER

AMENDED

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

JAN 8 1962

DATE AMENDED
12-29-61

INSTEAD OF Blue Springs, Mo. Reppert Mortuary, Mo. Mayfield Mortuary

ITEM NO. 24

BY AFFIDAVIT OF Mayfield Funeral Home P. Mc Calla

1. PLACE OF DEATH a. COUNTY Jackson County Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City 39, Mo.		Length of stay in lb App. 2 months		c. CITY OR TOWN Buckner, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 244 Hwy West of Buckner		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Henry Middle E. Last Mullins				4. DATE OF DEATH Month Dec. Day 14 Year 1961									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/25/72		9. AGE (last birthday) 89		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) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farmer				11. BIRTHPLACE (City and state or country) Fall City, Nebr.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME NOT KNOWN				13b. MOTHER'S MAIDEN NAME NOT KNOWN				14. NAME OF HUSBAND OR WIFE Melli L. Pochet					
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. NONE		17. INFORMANT Jackson Co. Hosp., K.C. 39, 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) Arteriosclerotic Heart Disease										INTERVAL BETWEEN ONSET AND DEATH Unknown			
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 (a)								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 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 _____ a.m. _____ p.m.		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 10-1-60 to 12-14-61 and last saw him alive on 12-12-61 Death occurred at 4:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) J.P. McCalla, M.D.						22b. ADDRESS Jackson Co Hospital Kansas City, Mo.			22c. DATE SIGNED 12-14-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-16-61		23c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery, Buckner, Mo.		23d. LOCATION (City, town, or county) (State)							
24. FUNERAL DIRECTOR Mayfield Reppert		ADDRESS Blue Springs, Mo. Buckner		25. DATE RECD. BY LOCAL REG. 12-18-61		26. REGISTRAR'S SIGNATURE Ruth Song							

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 1 0 1967

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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.