

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-011324
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1726

FILED APR 5 1962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in lb 1 month
c. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emery Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWNSHIP Grandview Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 508 Goode Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Joseph Middle F. Last Saptr 4. DATE OF DEATH Month 3 Day 26 Year 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-29-77 9. AGE (last birthday) 84 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Water Dept 11. BIRTHPLACE (City and state or country) St. Joseph Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Saptr 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Deceased

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. [redacted] 17. INFORMANT Address Elaine Craig 509 Jones Grandview

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anemia INTERVAL BETWEEN ONSET AND DEATH 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hemorrhage, upper gastrointestinal ?
DUE TO (c) unknown cause

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerosis obliterans 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.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-28-1962 to 3-26-62 and last saw him alive on 3-26-1962
Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Kenball - MD. 22b. ADDRESS Jackson Co. Hosp. KC Mo. 22c. DATE SIGNED 3-26-62

23a. BURIAL CREMATION, or REMOVAL (Specify) Burial 23b. DATE 3-28-62 23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery 23d. LOCATION (City, town, or county) (State) Belton Mo.

24. FUNERAL DIRECTOR ADDRESS George George Paulsen 25. DATE RECD. BY LOCAL REG. 3-27-62 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
CHARLES A. KENBALL
MEDICAL CERTIFICATION

VS 300 Rev. 4/59
1
2 1002
3
4 0
5 2
6
7 0
8 0
9 578X
10
11
12 977-0
13

USE BLACK INK OR TYPEWRITER RIBBON

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 *Arthur E. Board*

Licensee Embalmer No. 4911

P. O. Address: *Grandview 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.