

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-011396

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1766 STATE FILE NUMBER

DO NOT WRITE ON THIS STUD

AMENDED

FILED APR 16 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF WILLIAM K. KOPKA

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson County, Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri		Length of stay in lb 8 Weeks	c. CITY OR TOWN Kansas City, Kansas Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 642 Everett, Kan. City, Kan Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ethel Grace Story		4. DATE OF DEATH Month March Day 29 Year 62	
5. SEX Female	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-19-1900
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) El Dorado, Springs Mo	12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME John Cochran		13b. MOTHER'S MAIDEN NAME Toler	14. NAME OF HUSBAND OR WIFE Joe Story
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 Address Joe Story 642 Everett Kansas City, Kan
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 Congestive Failure (Heart)			INTERVAL BETWEEN ONSET AND DEATH 8 weeks
DUE TO (b) Chronic Myocardial Insufficiency.			5 years
DUE TO (c) Cornary Thrombosis, Diabetes, Hypertension, Arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus, Hypertension, Arteriosclerosis, etc. & Rt Hip			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 type="checkbox"/> NO <input checked="" 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.) Sept 8, 1952	20f. CITY, TOWN, OR LOCATION Mar 29, 1962	COUNTY 2-28-62
21. I attended the deceased from Sept 8, 1952 to Mar 29, 1962 and last saw her Death occurred at 12:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw him live on 2-28-62	
22a. SIGNATURE (Degree or title) William M. Keith MD		22b. ADDRESS 612 Professional Bldg	22c. DATE SIGNED 3-29-62
23a. BURIAL, CREMATION, or REMOVAL (specify) Burial	23b. DATE 3-31-62	23c. NAME OF CEMETERY OR CREMATORY El Dorado Springs Cem	23d. LOCATION (City, town, or county) (State) El Dorado Spring Missouri
24. FUNERAL DIRECTOR Gibson & Son		ADDRESS Kansas City, Kansas	25. DATE RECD. BY LOCAL REG. 3-29-62
		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 Philip C. Gibson

Licensed Embalmer No. 3135

P. O. Address KCIC

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.