

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027020

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3356

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 30 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

J. M. Haight

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in lb 35 yrs.		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) 1005 Bales		d. STREET ADDRESS (If outside, give location) 1005 Bales	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LEWIS VIRGIL CONDIFF			4. DATE OF DEATH Month June Day 25 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-28-1880
9. AGE (last birthday) 81		IF UNDER 1 YEAR Months 0 Days 0	
IF UNDER 24 HR Hours 0 Min. 0		11. BIRTHPLACE (City and state or country) Casey Co., Kentucky	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shops	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME James S. Condiff	
13b. MOTHER'S MAIDEN NAME Ellen Chilton		14. NAME OF HUSBAND OR WIFE Lina Condiff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Mrs. Lina Condiff 1005 Bales	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma DUE TO (b) Hepatitis DUE TO (c) Obstructive jaundice & Portal Melanoma			INTERVAL BETWEEN ONSET AND DEATH 2 days 2 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semility			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 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 3:00 a.m. 0 p.m.		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 Mulberry, Kansas	
21. I attended the deceased from 1-25-57 to 6-25-62 and last saw ^{her} _{him} alive on 6-21-62 Death occurred at approx 3:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE J. M. Haight M.D.	
22b. ADDRESS 3401 E 12th KC Mo		22c. DATE SIGNED 6-26-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-27-62	23c. NAME OF CEMETERY OR CREMATORY Rosebank Cemetery	
23d. LOCATION (City, town, or county) Mulberry, Kansas		23e. STATE Kansas	
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 6-26-62	
ADDRESS Woodland		26. REGISTRAR'S SIGNATURE Ruth K Long	

Dr. Haight
3401 E. 12th
Ba 1-4822

Take by office & leave
to be resigned.
When they can call
when its ready. Or
if Dr's in, wait.

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

Hal Jambugh

Licensed Embalmer No.

3408

P. O. Address

Indep., 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.