

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-027066

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3541

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

E.N. Gentry

FILED JUL 25 1962

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>4 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>315 EAST 69th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Madge</u> Middle <u>M.</u> Last <u>FAITH</u>		4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>CACU.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-12-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collection MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.L. Polk and Co.</u>	11. BIRTHPLACE (City and state or country) <u>Webb City, Mo.</u>
13a. FATHER'S NAME <u>HARVEY EDWARD M^c AULIFFE</u>		14. NAME OF HUSBAND OR WIFE <u>Robert L. FAITH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>23 Miss Dawn Chase 315 East 69th St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia & adrenal insufficiency secondary to extensive Biliary Surgery</u> DUE TO (b) <u>see above</u> DUE TO (c) <u>see above</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>see above</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <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 _____ 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 <u>June 1st / 67</u> to <u>July 6 / 67</u> and last saw her alive on <u>July 6 - 1962</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>E.N. Gentry M.D.</u>		22b. ADDRESS <u>324 CH 11th ICC Wv</u>	
22c. DATE SIGNED <u>7-6-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-9-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	23d. LOCATION (City, town, or county) (State) <u>Webb City Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Muehlebach 6800 Troost</u>		25. DATE RECD. BY LOCAL REG. <u>7-6-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth A Long</u>

USE BLACK INK OR TYPEWRITER RIBBON

Dr. E. W. Hentley

324 E. 11

HA 1-1577

2:30 - 5 P.M.

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

Danny C. Keens

, Student Embalmer No.

647

working under my personal supervision.

Student

Danny C. Keens

Signature of Student Embalmer

Signed

E. D. Nelson

Licensed Embalmer No.

4421

P. O. Address

R. C. 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.