

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3245 - 62-031317
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Reg. No. 149 Primary Registration District No. 1002 Registrar's No. 1002
FILED JUL 30 1962

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1				
23118				
3				
4 0				
5 0				
6				
7 0				
8 1				
9 93/19				
10 46				
11 123				
12 67-3				
13				
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		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		Length of stay in lb 17 yrs	c. CITY OR TOWN Kansas City 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. Mary's		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1211 Jefferson
3. NAME OF DECEASED (Type or print) First JERRE Middle VIRGIL Last STANDEFER		4. DATE OF DEATH Month June Day 20 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 11 - 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) Aurora, Mo.
12a. FATHER'S NAME Melvin Standefer		12b. MOTHER'S MAIDEN NAME Hulda Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.II		16. SOCIAL SECURITY NO. unknown	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Indetermined Pursuing Lab exam DUE TO (b) Heat Stroke DUE TO (c) Electrolyte imbalance Hypertension - Renal Failure		17. INFORMANT Harlen Standefer - Monett, Mo Address	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE Ruth H. Long (Degree or title)		22b. ADDRESS 152 Union Station	
22c. DATE SIGNED 6-20-62		23. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-22-62	
23c. LOCATION (City, town, or county) Aurora, Mo.		24. FUNERAL DIRECTOR Wagner Funeral Home, K. C. Mo.	
25. DATE RECD. BY LOCAL REG. 6-20-62		26. REGISTRAR'S SIGNATURE Ruth H Long	

VS AUG 9 1962

VS JUL 31 1962

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

Alvin R. Haunschild

Licensed Embalmer No.

4159

P. O. Address

Kansas City 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.