

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-042019

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 199

ED NOV 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

16004
7005

3

4 1

5 2

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94200

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11

126-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		Length of stay in 1b 7 hours	c. CITY OR TOWN INDEPENDENCE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. KC MEMORIAL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 705 So. 5th. St.,
3. NAME OF DECEASED (Type or print) First AGNES Middle HANSON Last SMITH		4. DATE OF DEATH Month NOV. Day 10, Year 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-3-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (last birthday) 79
13a. FATHER'S NAME OLE HANSEN		13b. MOTHER'S MAIDEN NAME MARY JEPPESEN	11. BIRTHPLACE (City and state or country) OSAGE CO, KANSAS
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	12. CITIZEN OF WHAT COUNTRY USA
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 Circulatory Failure DUE TO (b) Myocardial Infarction DUE TO (c) Arteriosclerotic Heart disease with thrombosis		INTERVAL BETWEEN ONSET AND DEATH few days 10 days - 2 wks. several years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 _____ Month, Day, Year _____ a.m. _____ 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		COUNTY STATE	
21. I attended the deceased from _____ and last saw him alive on _____ Death occurred at 11:35 PM 11-10-62 in _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.R. McFree M.D.		22b. ADDRESS 409 Angulo Bldg. 36E 12th St. Kansas City, Mo.	
22c. DATE SIGNED Nov. 11, 1962			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 11-13-1962	
23c. NAME OF CEMETERY OR CREMATORY OSAGE CITY CEMETERY		23d. LOCATION (City, town, or county) (State) OSAGE CITY, KANSAS.	
24. FUNERAL DIRECTOR Emmett W. Pyle		25. DATE RECD. BY LOCAL REG. 11-12-62	
26. REGISTRAR'S SIGNATURE Marguerite Anderson			

USE BLACK INK OR TYPEWRITER RIBBON

NOV 19 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 Martin W Dwyer

Licensed Embalmer No. 3615

P. O. Address Olatho KS

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.