MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046258
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 231

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Kansas City — Length of stay in 1b: 1 WK
c. FULL NAME OF HOSPITAL OR INSTITUTION: N. Kansas City Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clay
c. CITY OR TOWN: Liberty — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 324 W. Mrs. St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: OLLIE Middle: MAY Last: HYMER
4. DATE OF DEATH: Month: Dec. Day: 21 Year: 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Nov 7-1883
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (City and state or country): Platte Co. Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George W. McConnell
13b. MOTHER'S MAIDEN NAME: Margaret Stevenson
14. NAME OF HUSBAND OR WIFE: James A Hymer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Dora Gabbert. Address: Liberty, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Infarction — 5 days
DUE TO (c): Coronary Occlusion — 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Dec 14 1962 to and last saw her/him alive on Dec 21, 1962
Death occurred at Dec 21 1962 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Stan M. Williams (Degree or title) MD
22b. ADDRESS: Liberty Missouri
22c. DATE SIGNED: 12-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-24-62
23c. NAME OF CEMETERY OR CREMATORY: New Hope
23d. LOCATION (City, town, or county) (State): Liberty Mo.
24. FUNERAL DIRECTOR: Church Archer Co. ADDRESS: Liberty Mo.
25. DATE RECD. BY LOCAL REG.: 12-23-62
26. REGISTRAR'S SIGNATURE: Marguerite Hudgens
(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
6	0 4		
7	0 3		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	4 20.1		
10			
11			
12	6 -0		
13	2 -0		

BY AFFIDAVIT OF DOCUMENT

JAN 29 1963

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 John Lombardo

Licensed Embalmer No. 4448

P. O. Address Liberty, 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.