

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

210-63-001483  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 210

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

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		Length of stay in 1b <b>1 month</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Nursing Home 512 Woodland</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>101 South Valley</b>
3. NAME OF DECEASED (Type or print) First <b>LUTHER</b> Middle <b>M.</b> Last <b>CAREY</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>12</b> Year <b>1963</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/17/1878</b>
9. AGE (last birthday) <b>84</b>		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). <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R.I.R.R.</b>	11. BIRTHPLACE (City and state or country) <b>Glasco, Kansas</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>Liston Carey</b>	
13b. MOTHER'S MAIDEN NAME <b>Cynthia Measmore</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Carey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT <b>Menry S. Carey</b>		Address <b>3519 N. 65th K.C.K</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gen. Arteriosclerosis</b>			<b>5 yrs</b>
DUE TO (c)			
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 <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 _____ a.m. _____ p.m.		Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Jan 10, 61</b> to <b>1/12/63</b> and last saw <sup>her</sup> him alive on <b>1/12/63</b> Death occurred at <b>3:30A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank J. Strick</i> (Degree or title) <b>M.D.</b>		22b. ADDRESS <b>1000 Central Ave.</b>	
22c. DATE: SIGNER <b>1/14/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>1/14/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Glasco Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Glasco, Kansas</b>	
24. FUNERAL DIRECTOR <b>JOS. A. BUTLER'S SONS</b>		ADDRESS <b>K.C.K</b>	
25. DATE RECD. BY LOCAL REG. <b>1-14-63</b>		26. REGISTRAR'S SIGNATURE <i>R. with Long</i>	

USE BLACK INK OR TYPEWRITER RIBBON

Frank J. Strick MEDICAL CERTIFICATION

STATE BOARD OF HEALTH

OCT 10 1963

OCT 16 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 \_\_\_\_\_



Licensed Embalmer No. 3426 Mo

P. O. Address Kansas City Kansas

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.