

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-006532-

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 572

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

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF James W. Vaughn MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

FILED FEB 18 1963		1. PLACE OF DEATH a. COUNTY: JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY		Length of stay in 1b: 19 mos.		c. CITY OR TOWN: INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: NEUROLOGICAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1509 SO. EVANSTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type of print) First: PAUL Middle: C. Last: FORD			4. DATE OF DEATH Month: JANUARY Day: 27 Year: 1963				
5. SEX: MALE	6. COLOR OR RACE: WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: 9-22-1889	9. AGE (last birthday): 73	IF UNDER 1 YEAR Months: Days: Hours: Min.	IF UNDER 24 HR Months: Days: Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED-		10b. KIND OF BUSINESS OR INDUSTRY: GAS SERVICE CO.		11. BIRTHPLACE (City and state or country): EIMWOOD, ILLINOIS		12. CITIZEN OF WHAT COUNTRY: U.S.A.	
13a. FATHER'S NAME: BENJAMIN FORD			13b. MOTHER'S MAIDEN NAME: CHARLOTTE ANDERSON		14. NAME OF HUSBAND OR WIFE: CLARA FORD		
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.:		17. INFORMANT Address: Clara Ford, 1509 So. Evanston, Indep., Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			Severe pulmonary edema with aspiration				1/2 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Coronary arteriosclerosis / old myocardial infarct				
			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.		
Chronic Brain Syndrome assoc with cerebral arteriosclerosis					<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"/>	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 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>6/29/61</u> to <u>1/27/63</u> and last saw her ^{her} _{him} <u>live on</u> <u>1/27/63</u> Death occurred at <u>12:58</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE: James W Vaughn MD (Degree or title)			22b. ADDRESS: 2625 W Paseo KC MO			22c. DATE SIGNED: 1/28/63 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL		23b. DATE: 1-30-63	23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county): KANSAS CITY, MISSOURI		
24. FUNERAL DIRECTOR ADDRESS: GEO. C. CARSON & SONS, INDEPENDENCE, MO.			25. DATE RECD. BY LOCAL REG.: 1-29-63		26. REGISTRAR'S SIGNATURE: Ruth Long		

FEB 19 1953

26.25 Base

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STATEMENT BY LICENSED EMBALMER

0.87

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 Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Raytown, 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.