

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011536

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1673 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
 AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	ITEM NO.	SHOULD READ
1								
23 2 98								
3								
4 0								
5 1								
6								
7 1								
8 1								
9340.1								
10								
11								
1257.0								
13								

FILED APR 1 1963	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Missouri b. COUNTY Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital	Length of stay in. 1b 15 yrs.
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
	d. STREET ADDRESS (If outside, give location) 1655 Washington
	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First James	Middle J.
Last Carlisle	4. DATE OF DEATH
	Month March Day 14 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 10-22-04
	9. AGE (last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	10b. KIND OF BUSINESS OR INDUSTRY
	11. BIRTHPLACE (City and state or country) Oklahoma
	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Benjamin Carlisle	13b. MOTHER'S MAIDEN NAME Mary Etta Brown
	14. NAME OF HUSBAND OR WIFE Rosie Carlisle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY NO.
	17. INFORMANT Address Ben F. Carlisle, 1655 Washington, Kansas City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Purulent meningitis (probable pneumococcal)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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 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 3:24 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 Kansas City, Mo. COUNTY Mo. STATE Mo.	
21. I attended the deceased from 3-13-63 to 3-14-63 and last saw her/him alive on 3-14-63	
Death occurred at 3:24 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE	(Degree or title)
22b. ADDRESS 2400 Cherry	22c. DATE SIGNED 3-15-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-16-63
23c. NAME OF CEMETERY OR CREMATORY Rosedale Cemetery	
23d. LOCATION (City, town, or county) Ada, Oklahoma (State)	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. 3-15-63
26. REGISTRAR'S SIGNATURE	

USE BLACK INK OR TYPEWRITER RIBBON

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 William Turner

Licensed Embalmer No. 4648

P. O. Address K C road

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.

35/28

0.72