

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011767

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1776

DO NOT WRITE ON THIS STUD

AMENDED

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in lb <b>2 days</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>General Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3015 Paseo</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print) First <i>Jef</i> Middle <i>male</i> Last <b>McDonald</b>		<b>4. DATE OF DEATH</b> Month <b>February</b> Day <b>11</b> Year <b>1963</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>Negro</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>2-9-63</b>
<b>9. AGE (last birthday)</b>		<b>IF UNDER 1 YEAR</b> Months <b>2</b> Days <b>2</b> Hours <b></b> Min. <b></b>	<b>IF UNDER 24 HR</b> Hours <b></b> Min. <b></b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Kansas City, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		<b>13a. FATHER'S NAME</b> <b>James McDonald</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Gwendolyn Maupin</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>-</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		<b>16. SOCIAL SECURITY NO.</b> <b>[REDACTED]</b>	<b>17. INFORMANT</b> <b>Gwendolyn McDonald</b> Address <b>3015 Paseo KC, Mo.</b>
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Prematurity</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
<b>21. I attended the deceased from</b> <b>2-9-63</b> to <b>2-11-63</b> and last saw her alive on <b>2-11-63</b> Death occurred at <b>12:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.		<b>22a. SIGNATURE</b> (Degree or title) <i>Frank Ellis</i> <b>22b. ADDRESS</b> <b>2400 Cherry</b> <b>22c. DATE SIGNED</b> <b>2-18-63</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>anatomical</b>	<b>23b. DATE</b> <b>2-11-63</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>K. C. University</b>	<b>23d. LOCATION</b> (City, town, or county) <b>Kansas City, Mo.</b> (State)
<b>24. FUNERAL DIRECTOR</b> <b>Dr. J. E. Herbertson</b> ADDRESS <b>K. C. Univ.</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>3-19-63</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Ruth Long</i>

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DATE AMENDED  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF **Frank Ellis**

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 \_\_\_\_\_ Signed \_\_\_\_\_  
Signature of Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.

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