

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011769

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1968

FILED APR 12 1963

VS 300
Rev. 4/59

DATE AMENDED

7-1-63

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Chariton Co. Mo.

ITEM NO. SHOULD READ

11 Chariton Co. Missouri

DOCUMENT DISCHARGED - papers Serial # 37238627

1. PLACE OF DEATH - 8. 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 10 days	c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 526 STARK Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES BURL MC DONALD			4. DATE OF DEATH Month Day Year March 28, 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 9-18-00
9. AGE (last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	11. BIRTHPLACE (City and state or country) Chariton, Sheridan County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Burd-Fletcher Co. Printing	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Burl McDonald		13b. MOTHER'S MAIDEN NAME Addie Wallace	14. NAME OF HUSBAND OR WIFE Elizabeth McDonald
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates) Yes WWII		17. INFORMANT Elizabeth McDonald, wife	17. ADDRESS VA Hospital Official Records, K.C. Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA, HEAD OF PANCREAS WITH BILIOIRY OBSTRUCTION AND HEPATIC, METASTASIS. DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 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 COUNTY STATE
21. I attended the deceased from March 18, 1963 to March 28, 1963 Death occurred at 12:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Date or title) DAVID L. ZACHARIAS, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 3-28-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-30-1963	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) Independence, Missouri
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons Independence, Mo.		25. DATE RECD. BY LOCAL REG. 3-29-63	26. REGISTRAR'S SIGNATURE Ruth Long

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 Kenneth R. Luman

Licensed Embalmer No. 5207

P. O. Address Independence 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.