

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-016009

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2244 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1
2 30682
3
4 0
5 1
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7 0
8 2
9 4201
10
11
12 90-2
13

DATE AMENDED
1-17-63
4-17-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
3-29-1891 72 years
3-29-1892 71 years

ITEM NO. SHOULD READ

8 3-29-1892
9 71 years

DOCUMENT CHILDRENS BIRTH RECORDS
BY AFFIDAVIT OF INFORMANT
M. W. Huffman

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 2 Mo.	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 145 So. Hardesty		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 145 So. Hardesty Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle BEN Last EARLEY			4. DATE OF DEATH Month April Day 11 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 3-29-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY General Contractor Fayette	12. CITIZEN OF WHAT COUNTRY Missouri USA
13a. FATHER'S NAME Pleasington E. Earley		13b. MOTHER'S MAIDEN NAME Beartice Mattox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. 107	
17. INFORMANT Ralph Earley, 405 N. Lawn, K.C. Mo.		14. NAME OF HUSBAND OR WIFE Emma Earley	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary insufficiency DUE TO (c) Coronary sclerosis			INTERVAL BETWEEN ONSET AND DEATH Immed Not Known
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis			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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 3/9/63 to 4/11/63 and last saw him alive on 4/10/63 Death occurred at 4/11/63 @ 8:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. W. Huffman MD		22b. ADDRESS 5020 St John Kansas City, Mo	22c. DATE SIGNED 4/11/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-16-1963	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery
24. FUNERAL DIRECTOR Sheil Funeral Home, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 4-15-63	26. REGISTRARS SIGNATURE Ruth Long
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. STATE Missouri	

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. 656

working under my personal supervision.

Student

Jimmy S. Birch
Signature of Student Embalmer

Signed

Thomas A. Sheil

Licensed Embalmer No.

4954

P. O. Address

KP 120

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.