

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016286

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2230 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59

1

2 3068

3

4 1

5 3

6

7 1

8 1

9 X

10

11 123

12 57-3

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. H. OWENS

FILED APR 29 1963

1. PLACE OF DEATH
 a. COUNTY *Jackson*
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Kansas City* Length of stay in lb *7 1/2 yrs*
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *General Hosp.* Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE *mo* b. COUNTY *Jackson*
 c. CITY OR TOWN *Kansas City* Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) *436 S. Drury* Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last *LANT I STAYTON*
 4. DATE OF DEATH Month Day Year *4-13-1963*

5. SEX *Fe* 6. COLOR OR RACE *wh* 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH *5-29-1927* 9. AGE (last birthday) *35* IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Supervisor* 10b. KIND OF BUSINESS OR INDUSTRY *B.ma* 11. BIRTHPLACE (City and state or country) *Albemarle N.C.* 12. CITIZEN OF WHAT COUNTRY *USA*

13a. FATHER'S NAME *J.N. Burris* 13b. MOTHER'S MAIDEN NAME *Ida Baucum* 14. NAME OF HUSBAND OR WIFE *Ida Burris 436 S. Drury*

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 *Ida Burris 436 S. Drury*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Shock - Memory lapse*
 DUE TO (b) *fractured ribs & livers*
 DUE TO (c) *Ruptured Liver spleen*
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) *Cerebral Head*
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) *Two Car Collision*

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. *4-19-63*

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) *street* 20f. CITY, TOWN, OR LOCATION COUNTY STATE *Kansas City Jackson MO*

21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Richard H. Owens Coroner* 22b. ADDRESS *152 Union Station* 22c. DATE SIGNED *4-14-63*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Removal* 23b. DATE *4-16-1963* 23c. NAME OF CEMETERY OR CREMATORY *Fairview Cem.* 23d. LOCATION (City, town, or County) (State) *Albemarle, N.C.*

24. FUNERAL DIRECTOR *Kassantino-Boss KC MO* ADDRESS 25. DATE RECD. BY LOCAL REG. *4-15-63* 26. REGISTRAR'S SIGNATURE *Ruth Long*

USE BLACK INK OR TYPEWRITER RIBBON

5 8 08

1
3
1
1

0 21
8-72

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 *H. L. Laurentius*

Licensed Embalmer No. 4554

P. O. Address Ke 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.