

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019031

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5104 Registrar's No. 27

1. PLACE OF DEATH  
a. COUNTY BENTON  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARSAW Length of stay in 1b 1 day  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TOM TOWNSHIP 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) 2926 East 37th Terrace Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
MAUDE MAMIE McCLOWN

4. DATE OF DEATH Month Day Year  
May 13 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Oct 5, 1899 9. AGE (last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Machine Operator 10b. KIND OF BUSINESS OR INDUSTRY Stern-Slegman-Mink Kansas City, Kansas 11. BIRTHPLACE (City and state or country) U. S. A 12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Elmer L. McCown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Elmer L. McCown Address 2926 E 37th Terrace Kansas City, 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) Circulatory Failure  
DUE TO (b) Coronary Thrombosis  
DUE TO (c) \_\_\_\_\_  
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) \_\_\_\_\_

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.) \_\_\_\_\_

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year \_\_\_\_\_

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.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION COUNTY STATE \_\_\_\_\_

21. I attended the deceased from never to never and last saw her never alive on never.  
Death occurred at 7:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John F. Reser (Benton Co Coroner) 22b. ADDRESS Warsaw, Mo 22c. DATE SIGNED 5/13/1963

23a. BURIAL CREMATION, REMOVAL (Specify) Burial 23b. DATE May 16, 1963 23c. NAME OF CEMETERY OR CREMATORY White Chapel Memorial Gardens 23d. LOCATION (City, town, or county) (State) 7. Kansas City Jackson, Mo

24. FUNERAL DIRECTOR Harry Butler ADDRESS 2100 E. Russell Rd. N. Kansas City, Mo 25. DATE RECD. BY LOCAL REG. May 13-1963 26. REGISTRAR'S SIGNATURE Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0080  
2 3568

3  
4 1  
5 1  
6  
7 1  
8 2  
9 420.1  
10  
11  
12 86-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

10-10-48

JUN 11 1963

JUN 5 1963

JUL 3 1963

JUL 12 1963

1000  
1000

1  
1  
1  
2

2-28  
0-1

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 John F. Resei

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.