

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023329

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 739

FILED JUN 24 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59
1 5117
2 0380
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4 1
5 2
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7 1
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9 4200C
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12 2-0
13 1-0

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

DOCUMENT
BY AFFIDAVIT OF S.A. Potter, Jr., M.D., MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 1 week	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		c. CITY OR TOWN King City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Ida M. Kier		4. DATE OF DEATH Month Day Year June 13 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/1/79
9. AGE (last birthday) 83 yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Plymouth Co., Indiania
10b. KIND OF BUSINESS OR INDUSTRY Home		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Parmeanes Bosworth		13b. MOTHER'S MAIDEN NAME Arilla Pittsenbaroan	
14. NAME OF HUSBAND OR WIFE John W. Kier		Address Berkeley	
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. [redacted]	
17. INFORMANT Thelma L. Reese, California		Address Berkeley	
18. CAUSE OF DEATH (Enter only one cause per item for the organ and system) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Dilatation progressive DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) [redacted]		INTERVAL BETWEEN ONSET AND DEATH Days Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Old polioing lita with multiple deformities		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. Month, Day, Year	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 June 6, 1963 to June 13, and last saw her/him alive on June 13, 1963 Death occurred at 11:35 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S.A. Potter, Jr., M.D.		22b. ADDRESS 706 Francis St., St. Joseph, Mo.	
22c. DATE SIGNED 6-17-63			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 15, 1963	23c. NAME OF CEMETERY OR CREMATORY King City	
23d. LOCATION (City, town, or county) (State) King City Missouri			
24. FUNERAL DIRECTOR Roland O Clark		25. DATE RECD. BY LOCAL REG. June 19, 1963	
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodall			

USE BLACK INK OR TYPEWRITER RIBBON

JUN 28 1963

SEP 18 1963

Permit issued 6-13-63

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 Roland D Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.