

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032289

4454 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4454

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

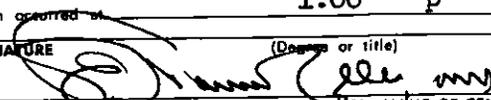
DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Frank Ellis

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 28 1963	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City	a. STATE Missouri COUNTY Jackson
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Hosp & Med Center	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 2546 Summit	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Edna Middle Marie Last Inmon	4. DATE OF DEATH Month 8 - Day 7 - Year 63
5. SEX F	6. COLOR OR RACE Wh
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/1938
9. AGE (last birthday) 24	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
11. BIRTHPLACE (City and state or country) Kansas	12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Robert L Joplin Jr	13b. MOTHER'S MAIDEN NAME Edna Northcutt
14. NAME OF HUSBAND OR WIFE Frank	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 Frank Inmon Address K C Mo
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Peritonitis	
DUE TO (b) possible ruptured appendix	
DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pyelonephritis, cystitis, uncontrolled diabetes mellitus	
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 _____ 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 8-6-63 to 8-7-63 and last saw her alive on 8-7-63 Death occurred at 1:00 p on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE  (Name or title)	22b. ADDRESS 2400 Cherry
22c. DATE SIGNED 8-9-63 (State)	
23a. BURIAL, CREATION, REMOVAL (Specify) Removal	23b. DATE 8/10/63
23c. NAME OF CEMETERY OR CREMATORY Maple Hill	
23d. LOCATION (City, town, or county) K C Ks	
24. FUNERAL DIRECTOR F A Reising ADDRESS K C Ks	25. DATE RECD. BY LOCAL REG. 8-9-63
26. REGISTRAR'S SIGNATURE 	

(Licensed Embalmer's Statement on Reverse Side)

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1022
2201
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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 George A. Bering

Licensed Embalmer No. 4468

P. O. Address K C Ks

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.