

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036454

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5109 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59	1	2	3	4	5	6	7	8	9	10	11	12	13
		78052		2	1		1	2	94222			92-3	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS													
INSTEAD OF													
SHOULD READ													
BY AFFIDAVIT OF													
Tillman													
MEDICAL CERTIFICATION													
DOCUMENT													

FILED OCT 7 1963	
1. PLACE OF DEATH	
a. COUNTY <b>JACKSON</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>	a. STATE <b>Mo.</b> b. COUNTY <b>JACKSON</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>GEN. HOSP. (DOA.)</b>	c. CITY OR TOWN <b>INDEPENDENCE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>123 WHITE OAK</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <b>FRANK</b> Middle <b>SMITH</b> Last <b>SMITH</b>	Month <b>9</b> Day <b>15</b> Year <b>63</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-24-1909</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PORTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CITY HALL INDEP.</b>
11. BIRTHPLACE (City and state or country) <b>LOUISVILLE, ARK.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN SMITH</b>	13b. MOTHER'S MAIDEN NAME <b>MOLLIE WASHINGTON</b>
14. NAME OF HUSBAND OR WIFE <b>PEARL SMITH</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WW II</b>
16. SOCIAL SECURITY NO.	17. INFORMANT <b>MOLLIE WILSON 123 WHITE OAK, INDEP. MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Pulmonary Congestion</b>	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>Myocardial Insufficiency</b>	
DUE TO (c) <b>Chronic Myocarditis</b>	
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. <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 _____ to _____ and last saw her/him 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) <b>L. M. Tillman M.D. Deputy Coroner</b>	22b. ADDRESS <b>1618 Lydia Ave.</b>
22c. DATE SIGNED <b>9/15/63</b>	
23a. BURIAL: CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>9-20-1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE, MO.</b>
24. FUNERAL DIRECTOR <b>Mrs. C. E. Davis</b>	ADDRESS <b>K. C., Mo.</b>
25. DATE RECD. BY LOCAL REG. <b>9-18-63</b>	26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>

(Licensed Embalmer's Statement on Reverse Side)

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. \_\_\_\_\_  
working under my personal supervision:

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John R. Johnson  
Licensed Embalmer No. 4531  
P. O. Address Kansas 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.