

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6324 **63-044134**  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6324

**FILED DEC 11 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED		AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	D. W. Spurr	SHOULD READ	ITEM NO.
1										
2		28								
3										
4		1								
5		1								
6										
7		1								
8		1								
9		410X								
10										
11										
12		61-0								
13										

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>3 Mo</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>Menorah Medical Center</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>7403 E 49th Terr</b>
3. NAME OF DECEASED (Type or print) <b>Lori Anne Micelli</b>		4. DATE OF DEATH <b>November 19 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>3-18-25</b>
9. AGE (last birthday) <b>38</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stenographer</b>	
10a. KIND OF BUSINESS OR INDUSTRY <b>Home Ins. Co</b>		11. BIRTHPLACE (City and state or country) <b>Port Huron, Mich.</b>	
13a. FATHER'S NAME <b>Albert John Bell</b>		13b. MOTHER'S MAIDEN NAME <b>Blanche Forsythe</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Micelli</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Charles Micelli, 7403 E 49 Terr, K. C Mo</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PULMONARY EDEMA</b>			INTERVAL BETWEEN ONSET AND DEATH <b>9 DAYS</b>
DUE TO (b) <b>RHEUMATIC HEART DISEASE</b>			<b>30 YEARS</b>
DUE TO (c) <b>(AORTIC STENOSIS + MITRAL INSUFF)</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>[Signature]</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <b>11/8/63</b> to <b>11/19/63</b> and last saw her <b>her</b> alive on <b>11/18/63</b>		Death occurred at <b>4:32 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>D. W. Spurr MD</b>		22b. ADDRESS <b>409 E 63rd KC 10, Mo</b>	22c. DATE SIGNED <b>11/19/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/21/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>	
23d. LOCATION (City, town, or county) <b>Kansas City, Mo</b>		23e. (Site)	
24. FUNERAL DIRECTOR <b>Sheil Colonial F. Home, Kansas City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-63</b>	26. REGISTRAR'S SIGNATURE <b>Beaie Smith</b>

A 2 P  
Elliott W. ...

...  
...  
...

**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 P. S. Hill

Licensed Embalmer No. 3625

P. O. Address K C Hill

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.