

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048016

STATE FILE NUMBER

Registration District No. 27 ¹⁹⁶⁹ Primary Registration District No. 1002 Registrar's No. 6795

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 81 ⁵⁰ _{X 2}

3

4 0

5 1

6

7 1

8 1

9 581.0

10

11

12 76-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Stephen Parks

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		Length of stay in 1b 3 DAYS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 2519 ORVILLE
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM CLARENCE GIER		4. DATE OF DEATH Month Day Year DECEMBER 14, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-17-06
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY RAIL ROAD	9. AGE (last birthday) 57 YRS
11a. FATHER'S NAME FRANK GIER		11. BIRTHPLACE (City and state or country) KANSAS CITY, KANSAS	
13a. FATHER'S NAME FRANK GIER		13b. MOTHER'S MAIDEN NAME ELIZA E. MOGEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. VA HOSPITAL OFFICIAL RECORDS	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY THROMBO EMBOLISM		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BILARY NEPHROSIS			
DUE TO (c) CIRRHOSIS OF LIVER			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ATHEROSCLEROSIS		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. Attended the deceased from DECEMBER 12, 1963 to DECEMBER 14, 1963		Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Type or print) <i>Stephen Parks</i>		22b. ADDRESS VA HOSPITAL, KANSAS CITY, MO	22c. DATE SIGNED 12-14-63
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12/17/63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	23d. LOCATION (City, town, or county) (State) K.C.Ks.
24. FUNERAL DIRECTOR JOS. A. BUTLER'S SONS	ADDRESS K.C.Ks.	25. DATE RECD. BY LOCAL REG. 12-16-63	26. REGISTRAR'S SIGNATURE <i>Bevil Smith</i>

USE BLACK INK OR TYPEWRITER RIBBON

1906-0-000

STATE OF MISSOURI

DEPARTMENT OF HEALTH

DEATH CERTIFICATE

SEX

ADDRESS

DATE OF DEATH

AGE

CITY

TIME OF DEATH

CAUSE

PLACE

SEX

1906-0-000

SEX

SEX

DEATH CERTIFICATE

SEX

ADDRESS

DEPARTMENT OF HEALTH

STATE OF MISSOURI

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 C. Ray Lenderback

Licensed Embalmer No. 5027

P. O. Address Kansas City 2, 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.

20-1-81