

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048294
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6520

FILED DEC 19 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1			
2 <u>348A</u>			
3			
4 <u>0</u>			
5 <u>1</u>			
6			
7 <u>0</u>			
8 <u>0</u>			
9 <u>420.1</u>			
10			
11			
12 <u>66-0</u>			
13			
ITEM NO.	SHOULD READ		

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		Length of stay in 1b <u>1 yr.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKES HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3604 CENTRAL STREET</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HARDY C. TRANTHAM</u>		4. DATE OF DEATH Month Day Year <u>DEC. 1 1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-10-1920</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>orderly St. Luke's Hosp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hosp.</u>	11. BIRTHPLACE (City and state or country) <u>Webster Co., Mo.</u>
13a. FATHER'S NAME <u>William TRANTHAM</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Minor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mrs SARAH I. TRANTHAM</u> Address <u>3604 CENTRAL STREET KANSAS CITY MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial Infarction</u> DUE TO (b) <u>Previous myocardial Infarction</u> DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>April, 1963</u> <u>Indefinite</u>
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 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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Nov. 19, 1963</u> to <u>Dec. 1, 1963</u> and last saw her alive on <u>Nov. 25, 1963</u> . Death occurred at <u>9:35</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Samuel C. Petrie M.D.</u>		22b. ADDRESS <u>6100 Montway Mission, Kansas</u>	
22c. DATE SIGNED <u>12-2-63</u>		22d. LOCATION (City, town or county) (State) <u>SPRINGFIELD MISSOURI</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>DEC. 2 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>-</u>		23d. LOCATION (City, town or county) (State) <u>SPRINGFIELD MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS, K.C., MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>			

BY AFFIDAVIT OF Samuel C. Petrie, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

105241-009

JAN 10 1964

*H. Samuel C. Pitkin
Informations - H. Lusk's Hospital*

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 *Harold P. Reich*

Licensed Embalmer No. 4998

P. O. Address K. E. 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.