

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028445

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 1002 Registrar's No.

4109

FILED AUG 9 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONITEAU	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MISSOURI		c. CITY OR TOWN CALIFORNIA	
Length of stay in 1b 91 Days		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL, KC, MO.		d. STREET ADDRESS (If outside, give location) STAR ROUTE	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last EUGENE VIRGIL KAY		4. DATE OF DEATH Month Day Year JULY 22, 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 11/14/94
9. AGE (last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	
10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER		11. BIRTHPLACE (City and state or country) JAMES TOWN, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ANDREW J. KAY	
13b. MOTHER'S MAIDEN NAME CORNELIA DAVIS SMITH		14. NAME OF HUSBAND OR WIFE GAIL GLADYS KAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 8/18/18 to 10/29/19		16. SOCIAL SECURITY NO. 494-14-8979	
17. INFORMANT MRS GAIL G KAY		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	
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. VA attended the deceased from 6/22/63 to 7/22/63 and last saw him alive on 7/22/63 Death occurred at 3:50 AM. 7/22/63 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Robert M. Brown	
22b. ADDRESS		22c. DATE SIGNED 7-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-24-63	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETE.	23d. LOCATION (City, town, or county) (State) CALIFORNIA, MO.
24. FUNERAL DIRECTOR Williams Funeral Home		25. DATE RECD. BY LOCAL REG. 7-22-63	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Robert M. Brown MEDICAL CERTIFICATION

SEP 3 - 1963

AUG 9 1963

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

*Ernest D. Goldsnow*

Licensed Embalmer No.

*4714*

P. O. Address

*K.C. 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.