

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16925

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 930 NO. DODGION		d. STREET ADDRESS (If rural, give location) 930 NO. DODGION	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle)	c. (Last) FEHR	4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH NOV. 12, 1885	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 23	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) JACKSON CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN FEHR	13b. MOTHER'S MAIDEN NAME MINNIE	14. NAME OF HUSBAND OR WIFE SARAH FEHR
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME SARAH FEHR	ADDRESS INDEPENDENCE, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) rupture of myocardium of left ventricle		INTERVAL BETWEEN ONSET AND DEATH 10
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary occlusion		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 4201 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo C. Roach, Jr. Deputy Coroner	23b. ADDRESS 4050 Broadway, KC Mo	23c. DATE SIGNED 5-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 7, 1951	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) JACKSON CO., MISSOURI
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DATE REC'D BY LOCAL REG. May 6-1951	REGISTRAR'S SIGNATURE [Signature]	354 25. FUNERAL DIRECTOR'S SIGNATURE ROLAND R. SPEAKS	ADDRESS INDEPENDENCE, MO.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2485

MAY 17 1954

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John R. Spence*

Licensed Embalmer No. *3604*

P. O. Address *Indep md*

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 this body is not embalmed, fact should be so stated above.