

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12009

1470

BIRTH NO.

REG. DIST. NO.

149

PRIMARY REG. DIST. NO.

1002

Registrar's No.

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)

KANSAS CITY 7 MO.

c. LENGTH OF STAY (In this place)

c. CITY OR TOWN

KANSAS CITY

d. Is Residence within limits of a city or incorporated town?

Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2905 CAMPBELL STREET
CAMPBELL NURSING HOME

e. STREET ADDRESS (If rural, give location)

9014 EAST-65TH STREET

3. NAME OF DECEASED (Type or Print)

a. (First)

MARTHA

b. (Middle)

JANE

c. (Last)

COZAD

4. DATE OF DEATH (Month) (Day) (Year)

APRIL-1-1954

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JULY-14-1965

9. AGE (In years last birthday)

88

IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

BARTHOLOMEW, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13a. FATHER'S NAME

GEORGE W. WALL

13b. MOTHER'S MAIDEN NAME

LETHIA JACKSON

14. NAME OF HUSBAND OR WIFE

ISAAC G. COZAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT'S SIGNATURE OR NAME

MRS. ESTHER GOSSETT

ADDRESS

9014 E. 65TH ST.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Acute Cerebral Thrombosis

Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

4 days

1 yrs.

332⁺

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

(Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

(Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1950, to April 1, 1954, that I last saw the deceased alive on April 1, 1954, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Name and title)

John K. Caldwell MD

23b. ADDRESS

Kansas City, Mo.

23c. DATE SIGNED

4/2/54

24a. BURIAL-CREMATATION (REMOVAL) (Specify)

BURIAL

24b. DATE

APR-3-1954

24c. NAME OF CEMETERY OR CREMATORY

TOPEKA CEMETERY

24d. LOCATION (City, town, or county) (State)

TOPEKA KANSAS

DATE REC'D BY LOCAL REG.

4-2-54

REGISTRAR'S SIGNATURE

Seraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE

D. H. Newcomer's Sons

ADDRESS

1331-BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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 B. Lewis*.....
Licensed Embalmer No. *4875*.....

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.