

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22057**
Registrar's No. **2214**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 town) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 45 YRS.		e. STREET ADDRESS (If rural, give location) 72 4819 LIBERTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4819 LIBERTY			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ELLEN	c. (Last) CASE
4. DATE OF DEATH (Month) (Day) (Year) 7 8 55		5. SEX FEMALE	
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 10/11/93		9. AGE (In years last birthday) 61	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and State or Foreign Country) ARGYLE, MINNESOTA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JOHN Q. CRONKHITE		13b. MOTHER'S MAIDEN NAME FLORENCE LAMB	
14. NAME OF HUSBAND OR WIFE SUMNER M. CASE		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 MR. S.M. CASE-4819 LIBERTY-KANSAS CITY, MO.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) atherosclerosis DUE TO (c) Obesity 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 48 hrs yes 30 yrs 42 yr	
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)		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?	
22. I hereby certify that I attended the deceased from 1953 , 19____, to July 8 , 19 55 , that I last saw the deceased alive on July 8 , 19 55 and that death occurred at 3 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul Lowell M.D. (Degree or title)		23b. ADDRESS 711 W 46th St	
23c. DATE SIGNED 7/9/55		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 7/11/55		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI.		25. FUNERAL DIRECTOR'S SIGNATURE MELLODY*MC GILLEY*EYLAR* ADDRESS KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 7-9-55		REGISTRAR'S SIGNATURE Neva Marshall	

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

Mr. Paul Lowell
will come in
and sign same

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.....

Arthur Eugene

Licensed Embalmer No. 491

P. O. Address N. C. 7

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.