

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23915**
2810

FILED JUL 18 1956

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) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) 5 YEARS

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 1317 ARMOUR BLVD. ELMS NURSING HOME

e. STREET ADDRESS (If rural, give location) 432 WEST 69TH STREET

3. NAME OF DECEASED
a. (First) ANNA b. (Middle) EVELYN c. (Last) PRIEST

4. DATE OF DEATH (Month) (Day) (Year) JUNE-26-1956

5. SEX FEMALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH JAN-29-1863

9. AGE (in years last birthday) 93
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 24 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) LUOLOW, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HARCELL SCHAEFFER

13b. MOTHER'S MAIDEN NAME ELLEN TAYLOR

14. NAME OF HUSBAND OR WIFE DR. WALTER SCOTT PRIEST

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. BYRON G. HAYS
ADDRESS 432 W. 69TH ST. 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) Cerebral Apoplexy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arterio-sclerosis, gm.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 days
20 years
20 years
33 1/2

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1925 to June 26, 1956, that I last saw the deceased alive on June 25, 1956, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE Edw. H. Hashinger (Degree or title)^D

23b. ADDRESS Kansas City, Mo.

DATE SIGNED 6/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE JUNE 28, 1956

24c. NAME OF CEMETERY OR CREMATORY _____

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

DATE REC'D BY LOCAL REG. 6-27-56 REGISTRAR'S SIGNATURE Meva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons
ADDRESS 1337 BRUSH CREEK KANSAS CITY, MO.

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.....
Robert Ray

Licensed Embalmer No. *4182*

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.