

Health, Welfare, Public Service, 300, 1-56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

27128
3584

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Length of stay in lb 38 YEARS	d. STREET ADDRESS (If outside, give location) 1010 W. 67th TERRACE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ALFRED HENRY SAMUEL			4. DATE OF DEATH Month Day Year AUGUST 14 1956		
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 JUNE 10, 1874	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED EXECUTIVE		10b. KIND OF BUSINESS OR INDUSTRY ELECTRIC FIXTURES		11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI	
13. FATHER'S NAME THOMAS D. SAMUEL			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			14. MOTHER'S MAIDEN NAME MARY LIVINGSTON		17. INFORMANT MRS. EFFILENE A. SAMUEL, 1010 W. 67th TERRACE
16. SOCIAL SECURITY NO. NONE			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) coronary occlusion DUE TO (c) coronary arterio sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Carcinoma of Prostate		
19. INTERVAL BETWEEN ONSET AND DEATH 17 hours 18 hours 5 years			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 Month, Day, Year a. m. p. m.			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. I attended the deceased from 28 June 1950 to 14 Aug 1956 and last saw him alive on 13 Aug 1956 Death occurred at 6:15 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Blaine Z. Hibbard (Deceased or title) Blaine Z. Hibbard MD			22b. ADDRESS 411 Nichols Rd. - KCMO		22c. DATE SIGNED 8-14-1956
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE AUG. 16, 1956		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		24. FUNERAL DIRECTOR A. H. Newcomer's Sons, Kansas City, Mo.			
25. DATE RECD. BY LOCAL REG. 8-15-56		26. REGISTRAR'S SIGNATURE Neva Minshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Blaine Z. Hibbard

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 *Basil V. Honey*.....

Licensed Embalmer No. *47*.....

P. O. Address *K.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.