FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30625

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3993

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson 3478
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City / Inside Limits Yes X No ☐	c. CITY OR TOWN Kansas City Inside Limits Yes X No ☐ 0
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 15 W. 31st St. Length of stay in lb 20 yrs.	d. STREET ADDRESS (If outside, give location) 47 15 W. 31st St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First EDWIN	Middle JOSEPH	Last CARROLL	4. DATE OF DEATH Month Day Year SEPT. 9, 1956
5. SEX Male 0	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Nov. 16, 1900	9. AGE (In years last birthday) 55 — 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) Truck Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Yellow Transit Co.	11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Robert Carroll		14. MOTHER'S MAIDEN NAME Carrie Springer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.#1 & W.W.#2	16. SOCIAL SECURITY NO. 486-07-8349	17. INFORMANT Address Mrs. Bessie Lou Carroll, 15 W. 31st St.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 4200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY. Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo C Kealhofer M.D. Deputy Coroner 3	22b. ADDRESS 6627 Prospect Kcmo	22c. DATE SIGNED 9-10-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/12/56	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR ADDRESS Quirk & Tobin-20 W. Linwood, K.C.Mo.	25. DATE RECD. BY LOCAL REG. 9-11-56	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 -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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William M. Turn

Licensed Embalmer No. 46

P.O. Address 20 W. Linwood
Kansas City, M

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