

Health, Welfare, Public Service

300
1-56

ALL diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph E. Welker, M.D.

MEDICAL CERTIFICATION

FILED OCT 24 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32906
4298

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 TRINITY LUTH. HOSPITAL				Length of stay in lb 35 YEARS		STREET ADDRESS (If outside, give location) 435 W. 63RD STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ORLO Middle L. Last COLE				4. DATE OF DEATH Month SEPT. Day 30 Year 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 JAN. 13, 1881	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10. USUAL OCCUPATION (Give kind of work done or nature of working life, even if retired) EMPLOYEE-SALES DEPT. CEMENT CORPORATION			10b. KIND OF BUSINESS OR INDUSTRY CONSOLIDATED CEMENT CORPORATION		11. BIRTHPLACE (City and state or country) ATHELSON KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME WILLIAM C. COLE				14. MOTHER'S MAIDEN NAME MARY E. HIBBARD				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) No			16. SOCIAL SECURITY NO. 509-07-5062		17. INFORMANT Address MRS. FLUTA E. COLE 435 WEST 63RD ST. KANSAS CITY, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cerebral hemorrhage DUE TO (b) Arteriosclerosis & Mild hypertension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Prostatic hypertrophy							INTERVAL BETWEEN ONSET AND DEATH 7 1/2 hrs. 2 yrs + 331X	
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 12-16, 1954 , to 9-30-1956 and last saw him her alive on Sept 30, 1956 Death occurred at 11:35 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Joseph E. Welker M.D. (Degree or title)				22b. ADDRESS 836 Prof Bldg Kansas City Mo		22c. DATE SIGNED 10-1-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Oct. 3, 1956	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 10-3-56		26. REGISTRAR'S SIGNATURE Neve Marshall			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Richard L. [Signature]

Licensed Embalmer No. 49

P. O. Address.....
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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.