

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 John K. Caldwell, M.D.

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

34155

FILED OCT 24 1956

STATE FILE NUMBER 4340

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>JACKSON</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3948 Brooklyn</b>			Length of stay in lb <b>53 yrs, 54 d</b>		d. STREET ADDRESS (If outside, give location) <b>3348 Brooklyn</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>MINNIE</b>				First <b>MINNIE</b> Middle <b>Nichols</b> Last <b>Nichols</b>		4. DATE OF DEATH Month <b>Oct</b> Day <b>3</b> Year <b>1956</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>AUG-28-1873</b>		9. AGE (In years last birthday) <b>83</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (City and state or country) <b>LOCKPORT NEW YORK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>OLIVER PERRY LOCKWOOD</b>				14. MOTHER'S MAIDEN NAME <b>MARY A. COLE</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>MR. E. L. NICHOLS 3948 BROOKLYN AVE. KANSAS CITY, MO.</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Coronary Sclerosis</b>					1 year	
		DUE TO (c)					4201	
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 <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 <b>Sept 28, 1956</b> to <b>Oct 3, 1956</b> and last saw <sup>her</sup> <del>him</del> alive on <b>Oct. 2, 1956</b> Death occurred at <b>5:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>John K. Caldwell M.D.</b>				22b. ADDRESS <b>Kansas City, Mo.</b>		22c. DATE SIGNED <b>10/3/56</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>OCT-5-1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD CEMETERY</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY</b>		23e. (State) <b>MISSOURI</b>		
24. FUNERAL DIRECTOR <b>DW. NEWCOMER'S SONS</b>			ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>10-5-56</b>		26. REGISTRAR'S SIGNATURE <b>Merna Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

436 East 65th St  
H. 4. 7666

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 *Mestree & Brown*

Licensed Embalmer No. *4*

P. O. Address *KE*

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.