

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14156

STATE FILE NUMBER

FILED JAN 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5520

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) 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) 4510 Madison Ave		Length of stay in lb 11 YEARS	d. STREET ADDRESS (If outside, give location) 5233 Lydia		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Louise Middle lea Last FERRIN			4. DATE OF DEATH Month DEC Day 18 Year 1956		
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 22, 1898	9. AGE (In years last birthday) 58 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, open if retired) I. B. M. OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY AIR FORCE	11. BIRTHPLACE (City and state or country) DALLAS, TEXAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME GEORGE HYNIE			14. MOTHER'S MAIDEN NAME UNKNOWN FRANCES L. ADAMS.		
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. 709-09-0232	17. INFORMANT FRANK HYNIE EUCLID, OHIO		
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					INTERVAL BETWEEN ONSET AND DEATH 4201
Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
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 _____ 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 12-14-56 to 12-17-56 and last saw ^{her} him alive on 12-17-56 Death occurred at 2:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. D. Ludwig (Degree or title)			22b. ADDRESS 407 W. 34th Terr.		22c. DATE SIGNED 12-18-56
23a. BURIAL CREMATION (REMOVAL or SPECIFY) BURIAL		23b. DATE DEC. 21, 1956	23c. NAME OF CEMETERY OR CREMATORY Mt. CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS City KANSAS
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 1331 K.C. Ma BRUSH CREEK BLVD		25. DATE RECD. BY LOCAL REG. 12-20-56	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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00000; County, etc. must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Raymond M. Hardy*.....

Licensed Embalmer No. *491*

P. O. Address *Indep.*

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.