

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

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4645

STATE FILE NUMBER

554

FILED FEB 27 1957

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) 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		3 138 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Length of stay in 1b 12 YEARS	d. STREET ADDRESS 912 921 Locust			(If outside, give location) Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First George Middle ARNOLD Last Colver				4. DATE OF DEATH Month Feb Day 1 Year 1957					
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 4-16-1914	9. AGE (In years last birthday) 42	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) OWNER			10b. KIND OF BUSINESS OR INDUSTRY 921 COCKTAIL LOUNGE - CHE LAM WASHINGTON		11. BIRTHPLACE (City and state or country) WASHINGTON		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME CHARLES COLVER				14. MOTHER'S MAIDEN NAME MARIE ANNA FRANKFORD					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WORLD WAR II 440-31-3620		17. INFORMANT Mrs. EDITH COLVER				Address 912 LOCUST STREET 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) Extensive acute myocardial infarct								INTERVAL BETWEEN ONSET AND DEATH 12 hrs 12 hrs 4201	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) acute occlusion, right coronary artery		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.) 1						
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 15 Jan 57 to 1 Feb '57 and last saw ^{her} him alive on 1 Feb '57									
22. SIGNATURE Walter P. Jacob (Degree or title)								22b. ADDRESS 701 E 63 ST.	
								22c. DATE SIGNED 2/2/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE FEB 5 1957	23c. NAME OF CEMETERY OR CREMATORY OSAWATOMIE CEMETERY		23d. LOCATION (City, town, or county) OSAWATOMIE		(State) KANSAS		
24. FUNERAL DIRECTOR DW. NEWCOMER & SONS			ADDRESS 1331 DRUSH CARR		25. DATE RECD. BY LOCAL REG. 2-5-57		26. REGISTRAR'S SIGNATURE Reva Munsell		
			CITY KANSAS CITY MO.						

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Walter P. Jacob

MS
MAR 31 1969

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 *Paul R. Williamson*

Licensed Embalmer No. *50*

P. O. Address *Overland
Kansas*

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.