

Health,  
Welfare  
Public  
Service

FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4929  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 740

300  
-56

ALL diseases in Part I must be casually related. Coroner can certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms with or without.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. L. Dwyer  
MEDICAL CERTIFICATION  
3-14-57

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> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM HOSPITAL</b>		d. STREET ADDRESS <b>4405 Montgall</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN R.</b> Middle <b>PRINE</b> Last		4. DATE OF DEATH Month <b>Feb.</b> Day <b>14</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 21-27-18</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		11. BIRTHPLACE (City and state or country) <b>Rogersville, Missouri</b>	
13. FATHER'S NAME <b>Calvin Prine</b>		14. MOTHER'S MAIDEN NAME <b>Hattie Mae Carter</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>611012618</b>	
17. INFORMANT <b>J. L. Prine</b> Address <b>VA HOSPITAL OFFICIAL RECORDS, K.C., MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</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>Recent infarct of posterior septum</b> DUE TO (b) <b>Thrombosis of right coronary artery</b> DUE TO (c) <b>Arteriosclerosis of coronary arteries</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
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.) <b>7</b>	
20c. TIME OF INJURY Hour <b>a. m.</b> Month, Day, Year <b>p. m.</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. <b>VA</b> attended the deceased from <b>2-14-57</b> to <b>2-14-57</b> Death occurred at <b>10:15 a.m. Feb. 14</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. L. Dwyer</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>City Hall Kansas City Mo</b>	
22c. DATE SIGNED <b>2/14/57</b>		22d. SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>FEB-15-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>CHANUTE CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>CHANUTE KANSAS</b>	
24. FUNERAL DIRECTOR <b>DW. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>2-15-57</b>	
ADDRESS <b>1331 BRAIN CREEK KANSAS CITY MO.</b>		26. REGISTRAR'S SIGNATURE <b>Neval Minshall</b>	

(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 *Chester K. Brown*

Licensed Embalmer No. *42*

P. O. Address *K. E. W.*

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.