

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4970

STATE FILE NUMBER

589

FILED FEB 27 1957

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Car Hotel Main 514 1/2 Main</u>		d. STREET ADDRESS <u>514 1/2 Main</u>	
Length of stay in lb <u>70 yrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Jack</u> Middle <u>Hubert</u> Last <u>Rose</u>			Month <u>Feb</u> Day <u>5</u> Year <u>1957</u>		
5. SEX	6. COLOR OR RACE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR
<u>Male</u>	<u>White</u>	<u>2</u>	<u>Jan. 7-1887</u>	<u>70</u>	Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Sign Painter</u>		<u>General Outdoor Obj.</u>		<u>Blue Springs, Mo.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>K.P. Rose</u>				<u>Emma Younger</u>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-09-2134</u>		17. INFORMANT	
(If yes, give war or dates of service)				<u>Emlyn Martin-Eldredge Springs, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			19. INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>			<u>4200</u>		
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)		
<u>History of Infection</u>			19. WAS AUTOPSY PERFORMED?		
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/>		20b. SUICIDE <input type="checkbox"/>		20c. HOMICIDE <input type="checkbox"/>		20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20e. TIME OF INJURY		20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE	
Hour _____ a. m. _____ p. m.		<u>Blue Springs, Mo.</u>		<u>Jackson</u>		<u>Missouri</u>	
20i. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		20j. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20k. CITY, TOWN, OR LOCATION		20l. COUNTY	
<input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<u>Home</u>		<u>Blue Springs, Mo.</u>		<u>Jackson</u>	

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE		22b. ADDRESS		22c. DATE SIGNED	
<u>Hugh A. Owens Coroner</u>		<u>1034 Pinalto Bldg</u>		<u>2-6-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>Cremation</u>		<u>2-7-1957</u>		<u>Elmwood Crematory</u>	
23d. LOCATION (City, town, or county)		23e. CITY, TOWN, OR COUNTY		23f. STATE	
<u>Kansas City, Mo.</u>		<u>Kansas City, Mo.</u>		<u>Mo.</u>	

24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<u>C.H. Blackman & Son Inc.</u>		<u>2-6-57</u>		<u>neva minshall</u>	

H. E. M. (Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
 300 7-56
 diseases in Part I must be casually 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
 Hugh H. Owens

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..... *W.C. Quinn*

Licensed Embalmer No. *48*

P. O. Address *K.C. Mo.*

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.