

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 26 1957

7985
STATE FILE NUMBER
1112
Registrar's No.

Registration District No. 393 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CLAY			
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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4521 N GRAND 35 YRS				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 4521 N. GRAND	
3. NAME OF DECEASED (Type or print) First MARY Middle C Last PARSONS				4. DATE OF DEATH Month 3 Day 8 Year 57			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11/1/74		9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Benton Co Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Better				14. MOTHER'S MAIDEN NAME Eleza Reifschneider			
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. Nine		17. INFORMANT Address Mrs MARGARET Scanlon 4521 N Grand			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metabolic Acidosis							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Vascular Thrombosis						2 years -	
DUE TO (c) Cerebral Arteriosclerosis						332x	
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 _____ 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		20g. COUNTY STATE	
21. I attended the deceased from April 1953 to March 8, 1957 and last saw her alive on March 7, 1957 Death occurred at 11:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Clair C. Conard M.D.				22b. ADDRESS 4635 Ward, Kansas City, Mo		22c. DATE SIGNED 3/8/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE MAR 9, 1957	23c. NAME OF CEMETERY OR CREMATORY Wall Lake Cemetery		23d. LOCATION (City, town, or county) (State) Wall Lake Iowa		
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home X.C.M.			25. DATE RECD. BY LOCAL REG. 3-9-57		26. REGISTRAR'S SIGNATURE Neva Minshall		

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Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Clair C. Conard

