FILED MAR 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 8667

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1017

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3614 Agnes — Length of stay in 1b 50 Yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3614 Agnes — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ABRAHAM Middle LINCOLN Last FOX

4. DATE OF DEATH: Month Mar. Day 5 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Mar. 5, 1873

9. AGE (In years last birthday) 84 — 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) Clerk, live-stock Div.

10b. KIND OF BUSINESS OR INDUSTRY Santa Fe R. R.

11. BIRTHPLACE (City and state or country) Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fox

14. MOTHER'S MAIDEN NAME Amanda Hoover

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Selma E. Fox Address 3614 agnes

MEDICAL CERTIFICATION

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) Cardiac arrest - terminal — ? minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arterio-sclerosis - — ? yrs
DUE TO (c) advanced year — 45 yrs

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? 0 YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Feb. 21-'57 to March 5-57 and last saw her/him alive on Feb. 23-'57
Death occurred at 8:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R Paul Wright (Degree or title) M. D.

22b. ADDRESS Kans. City, Mo 1324 Prof. Bldg

22c. DATE SIGNED March 5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-7-57

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo

25. DATE RECD. BY LOCAL REG. 3-5-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. Paul Wright

Vi 2-1368
1230 To 5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed J. T. Crowell

Licensed Embalmer No. 49

P. O. Address K C M

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.