Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 1 - 1957

STATE FILE NUMBER 13048

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1790

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 (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 650 East Meyer Blvd. — Length of stay in 1b 46 yrs.

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 650 East Meyer Blvd. (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First GEORGE Middle A. Last CONVERSE SR.

4. DATE OF DEATH Month April Day 16 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH FEB. 24, 1887

9. AGE (In years last birthday) 70 — 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) Retired DEALER

10b. KIND OF BUSINESS OR INDUSTRY AUTO

11. BIRTHPLACE (City and state or country) VENTON, IOWA

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

13a. FATHER'S NAME EBUR CONVERSE

13b. MOTHER'S MAIDEN NAME HARRIET HAMMER

14. NAME OF ~~HUSBAND~~ OR WIFE Josephine Converse

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 Mrs. Josephine Converse Address 650 E. MEYER BLVD. K.C. Mo -

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary heart disease — 7 years
DUE TO (c) atherosclerosis 4201
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 [ ] NO [X]

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 March 66 to 16 April 57 and last saw him alive on 26 Jan 57
Death occurred at 5 30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jean B Willoughby (Degree or title) M.D.

22b. ADDRESS 5905 Main KC Mo

22c. DATE SIGNED 16 April 57

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

23b. DATE APRIL 18, 1957

23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county) KANSAS City (State) MISSOURI

24. FUNERAL DIRECTOR D.W. Newcomer's Sons

ADDRESS K.C., Mo-

25. DATE RECD. BY LOCAL REG. 4-17-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

Jean B. Willoughby

BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.