

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17414

STATE FILE NUMBER

FILED MAY 20 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2051

Health,
Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. Paul Wright

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes# No□		c. CITY OR TOWN Kansas City Inside Limits Yes# No□	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hosp.		Length of stay in 18. 30 yrs	
d. STREET ADDRESS 8609 E. 77 Th. St.		Reside on Farm Yes□ No#	
3. NAME OF DECEASED (Type or print) First Mary Middle Washington Last Washington			4. DATE OF DEATH Month April Day 28 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 10, 1879
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman		10b. KIND OF BUSINESS OR INDUSTRY Adlers	
11. BIRTHPLACE (City and state or country) Corran Shore Scotland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Edward Hotchkiss		14. MOTHER'S MAIDEN NAME Margaret Penman	
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. 497-07-204	
17. INFORMANT Mrs. Gladys Coil		Address 8609 E. 77 St. K. C. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac failure & pulmonary edema - acute			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease			? yrs
DUE TO (c)			4200
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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, Month, Day, Year 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		COUNTY STATE	
21. I attended the deceased from Apr. 27-57 to Apr 28. 57 and last saw her alive on Apr 28. 57 . Death occurred at 2 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R Paul Wright (Degree or title)		22b. ADDRESS K. C. - 6-110-1324 Prof. Kelly	
22c. DATE SIGNED Apr 29 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/30/57	
23c. NAME OF CEMETERY OR CREMATORY Johnson County Mem. Gardens		23d. LOCATION (City, town, or county) (State) Johnson County Kas.	
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS K. C. Mo.	
25. DATE RECD. BY LOCAL REG. 4-30-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

2/1. 2-1968



APR 2 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *E. L. D. Tipton*

Licensed Embalmer No... 481

P. O. Address... Kansas City

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