

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35639

STATE FILE NUMBER

FILED NOV 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4850

300
1-57

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		c. CITY OR TOWN Rural	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		d. STREET ADDRESS 918 W. 110th Street	
3. NAME OF DECEASED (Type or print) First Edwin Middle M. Last Ammon		4. DATE OF DEATH Month Oct. Day 18 Year 1957	
5. SEX M	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 2-16-1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting Contractor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Ammon		13b. MOTHER'S MAIDEN NAME Mabel Vernon	
14. NAME OF HUSBAND OR WIFE Erma Ammon		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. 496-26-2979		17. INFORMANT Mr. Erma Ammon Address 918 W. 110th St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Infection			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Circulatory Failure			4 weeks
DUE TO (c) General Vascular Sclerosis			6 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterial Hypertension			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT 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 Kansas City COUNTY Mo. STATE Mo.	
21. I attended the deceased from 8-1-1957 to 10-18-57 and last saw her alive on 10-18-57 . Death occurred at 2:40 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Graham Asher M.D. (Degree or title) D		22b. ADDRESS 1220 Professional 22c. DATE SIGNED 3-10-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-21-57	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) K. C. Mo. (State)	
24. FUNERAL DIRECTOR Stine & McClure K. C., Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 10-21-57	
26. REGISTRAR'S SIGNATURE Neve Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

after 2:00



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 Elmo D. Triplett

Licensed Embalmer No. 4817
P. O. Address Kansas City, 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.