

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40280

FILED DEC 2 - 1957

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5288

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5003 BROOKLYN</u>		d. STREET ADDRESS (If outside, give location) <u>5003 BROOKLYN AVE.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William HENRY DEAL SR.</u>		4. DATE OF DEATH Month Day Year <u>Nov. 9, 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 18, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LANDSCAPE GARDNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOR SELF</u>	11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, MISSOURI</u>
13a. FATHER'S NAME <u>STEPHEN H. DEAL</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY CHIPMAN</u>	14. NAME OF HUSBAND OR WIFE <u>IDA DEAL</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, if unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>000-22-3697</u>	17. INFORMANT <u>MRS. IDA DEAL</u> ^{Address} <u>5003 BROOKLYN AVENUE K.C., MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mitral regurgitation about</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown</u>			<u>4 1/2</u>
DUE TO (c) <u>Senile Dementia about</u>			<u>one month</u>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>11-7-57</u> to <u>11-7-57</u> and last saw her/him alive on <u>11-7-57</u> Death occurred at <u>6:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>James W. Graham</u> (Degree or title)		22b. ADDRESS <u>578 Arroyo Bldg K.C. Mo</u>	22c. DATE SIGNED <u>11-10-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>NOV. 11, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> ^{ADDRESS} <u>1331 BRUSH CREEK K.C., MO.</u>		25. DATE RECD. BY LOCAL REG. <u>11-10-57</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>

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.

James W. Graham



7 Nov 1-5676

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 *Adrian Jay Stitt*

Licensed Embalmer No. *4882*

P. O. Address *N.C., 7700*

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.