

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1505

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 50

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3335 Garfield			Length of stay in hospital 15 yrs.		d. STREET ADDRESS 3335 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) CORA				First J		Middle WRIGHT		Last 1958			
4. DATE OF DEATH 1 4 1958		5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan 23 1878			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Fountain Mgr.			10b. KIND OF BUSINESS OR INDUSTRY Crown Drug Co		
11. BIRTHPLACE (City and state or country) Carroll County, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S. A			13. FATHER'S NAME Joseph Johnston			14. MOTHER'S MAIDEN NAME Clara Eller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No				16. SOCIAL SECURITY NO. 492-26-2095		17. INFORMANT Address Mrs. Clara Anderson 3335 Garfield					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial Sclerotic Heart Disease coronary aclusion DUE TO (b) Gen. Arterial Sclerosis DUE TO (c) MYOCARDITIS Chronic myotic Carditis								INTERVAL BETWEEN ONSET AND DEATH 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? 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 0 Month 0 Day 0 Year 0 a. m. 0 p. m. 0											
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 Nov. 15/57 to Dec 28/57 and last saw her alive on Dec 28/57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Edward C. Tenbel MD				22b. ADDRESS 4304 Brewst				22c. DATE SIGNED Jan 4/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 1-6-1958		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery		23d. LOCATION (City, town, or county) (State) Bosworth, Missouri					
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc K. C. Mo				25. DATE RECD. BY LOCAL REG. 1-4-58		26. REGISTRAR'S SIGNATURE neva minshall					

Health, Welfare, Public Service
300-56
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms written in item 18. 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
Edward C. Tenbel

364 Dm. - 10/10/10

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 *[Handwritten Signature]*
Licensed Embalmer No. *339*

P. O. Address *[Handwritten Address]*

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.