

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-810206
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1233

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		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 1417 Indiana		Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 1417 Indiana Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Carrie L. Southard			4. DATE OF DEATH Month Day Year Mar. 6, 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 Dec. 26, 1888
9. AGE (In years last birthday) 69		10. F UNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Hermitage, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Frank Harlan	
13b. MOTHER'S MAIDEN NAME Amelia Parson		14. NAME OF HUSBAND OR WIFE John Southard	
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. none	17. INFORMANT Address Melvin H. Southard 1117 Myrtle Ave.
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 Occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diffuse Arteriosclerosis			5 yrs
DUE TO (c) Myocardial Degeneration			10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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>June 1945</u> to <u>March 6, 1958</u> and last saw her/him alive on <u>3-6-58</u> . Death occurred at <u>3-6-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm. W. Thompson</i> (Degree or title)		22b. ADDRESS 6218 Prospect	22c. DATE SIGNED 3-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/8/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Ceme.	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd.		25. DATE RECD. BY LOCAL REG. 3-7-58	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Wm. W. Thompson



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 *William H. Egan*

Licensed Embalmer No. *472 P*

P. O. Address *H. E. M.*

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.