

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014364  
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1646

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic</b>		Length of stay in lb <b>16 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>6330 Swope Pkyway</b>
3. NAME OF DECEASED (Type or print) First <b>DOLLY</b> Middle <b>MARIE</b> Last <b>NEFF</b>			4. DATE OF DEATH Month <b>3</b> Day <b>28</b> Year <b>58</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-5-1901</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>St. James, Mo.</b>
13a. FATHER'S NAME <b>Thomas J. Carroll</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Livdy</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-03-5180</b>	17. INFORMANT Address <b>Kenneth R. Neff, St. Louis, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Irreversible shock.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary occlusion</b>			<b>5 hrs.</b>
DUE TO (c) <b>Coronary artery sclerosis</b>			<b>4:20</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>General arterial sclerosis due to Hypertension.</b>			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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <b>11-5-57</b> to <b>3-28-58</b> and last saw her alive on <b>3-28-58</b> Death occurred at <b>1:35 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <b>William Karl Graham</b>		22b. ADDRESS <b>926 E. 11th St. K.C. Mo.</b>	22c. DATE SIGNED <b>3/29/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>3-29-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Mathews Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wagner Funeral Home, K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>3-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Karl Abraham  
926 E 11th St  
St. Paul, Minn

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, of by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Thomas A. Fehle*

Licensed Embalmer No. *4993*  
P. O. Address *H. D. 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.