

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039791

STATE FILE NUMBER

5519

FILED DEC 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> | | c. CITY OR TOWN <i>Kansas City</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4005 Central</i> | | d. STREET ADDRESS (If outside, give location) <i>4005 Central</i> | |
| Length of stay in lb <i>3.5 years</i> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <i>Eulah EFFIE ALTIS</i> | | | 4. DATE OF DEATH Month Day Year <i>Nov 20 1958</i> | | | |
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| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Mar 21 1895</i> | 9. AGE (In years last birthday) <i>63</i> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>home</i> | 11. BIRTHPLACE (City and state or country) <i>Wheaton, Mo</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Alvin H. Shan</i> | 13b. MOTHER'S MAIDEN NAME <i>Rose Pearson</i> | 14. NAME OF HUSBAND OR WIFE <i>Charles T. ALTIS</i> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | 16. SOCIAL SECURITY NO. <i>487-09-3452</i> | 17. INFORMANT Address <i>Charles T. ALTIS, Kansas City, Mo.</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>arterio-sclerotic heart disease</i> | <i>? yrs</i> |
| | DUE TO (c) <i>arterio-sclerosis</i> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4-50</i> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 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 |
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| 21. I attended the deceased from <i>Oct 19 1957</i> to <i>Nov 19 1958</i> and last saw her alive on <i>Nov 20 1958</i> Death occurred at <i>9:00 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <i>R. Paul Wright M.D.</i> | 22b. ADDRESS <i>1324 Paul Blvd, Kansas City, Mo</i> | 22c. DATE SIGNED <i>Nov 21 1958</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE <i>11/22/58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Munice Chapel Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>Wheaton, Mo.</i> |
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| 24. FUNERAL DIRECTOR ADDRESS <i>Pogue Mortuary, Wheaton, Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>11-22-58</i> | 26. REGISTRAR'S SIGNATURE <i>neva minshall</i> |
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R. Paul Wright
 MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diseases in Part I must be causally related.

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 *John R. Sidman*
Licensed Embalmer No. *4531*
P. O. Address *Kansas City*

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.