

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009251

STATE FILE NUMBER

1477

FILED APR 8 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
-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 3716 Fremont		Length of stay in Is 61 yrs.	d. STREET ADDRESS (If outside, give location) 3716 Fremont		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ada C. Acock			4. DATE OF DEATH Month Day Year Mar. 20, 1959		
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 Feb. 1, 1874	9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Lee's Summit, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Aaron Noland		13b. MOTHER'S MAIDEN NAME Thetis Pitcher		14. NAME OF HUSBAND OR WIFE William Acock	
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 Lois G. Osborn 3716 Fremont		
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 Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 12 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Anemia Secondary		10 years	
		DUE TO (c) Senility		10 years	
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"/> 1	
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.) 243X		
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 Feb 20 - 59 to March 20 - 59 and last saw her/him alive on March 20, 1959 Death occurred at 3:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. Carl T. Moore M.D.			22b. ADDRESS 6425 E-37th		22c. DATE SIGNED K.P. 29 Mo 3-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar. 22, 1959	23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery		23d. LOCATION (City, town, or county) (State) Raytown, Missouri
24. FUNERAL DIRECTOR ADDRESS Earp & Sons 4707 Truman Rd. K.C.Mo.			25. DATE RECD. BY LOCAL REG. 3-21-59	26. REGISTRAR'S SIGNATURE neva minshell	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Carl T. Moore

Nov 4, 1926



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 K. Enys*

Licensed Embalmer No. *4728*

P. O. Address *K.C. Mo.*

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.