

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013465

STATE FILE NUMBER

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1903

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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>Grandview</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Colonial Rest Home</b> INSTITUTION <b>110 E. 34th St</b>		Length of stay in lb <b>15 wks</b>	d. STREET ADDRESS (If outside, give location) <b>13510 Norby Rd</b>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Wilbur</b> Last <b>Nash</b>			4. DATE OF DEATH Month <b>April</b> Day <b>15</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>8-17-1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile Ind.</b>	11. BIRTHPLACE (City and state or country) <b>Elm Flats, Michigan</b>
13a. FATHER'S NAME <b>Frank Nash</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Jensen</b>	14. NAME OF HUSBAND OR WIFE <b>- - -</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>386 07 5507</b>	17. INFORMANT Address <b>Ida Martin, 7217 College, K.C. 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>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>- Coronary Atherosclerosis</b>			<b>10 yrs.</b>
DUE TO (c) <b>4251</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pre-exists CVA &amp; Hemiparesis</b>			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 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>Jan. 1959</b> to <b>death</b> and last saw her alive on <b>8 April 59</b> . Death occurred at <b>4:30 pm - 15 April 1959</b> to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Buford T. Casebolt M.D.</b>		22b. ADDRESS <b>4000 Baltimore, K.C., Mo.</b>	22c. DATE SIGNED <b>4-16-59</b>
23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE <b>4-17-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons Inc, Grandview, Mo.</b> <i>By S. J. Goodard</i>		25. DATE RECD. BY LOCAL REG. <b>4-16-59</b>	26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>

Buford T. Casebolt USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



**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 *Sterling E. Goddard*

Licensed Embalmer No. *4911*  
P. O. Address *Grandview*

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.