t. Health,
, & Welfare
S. Public
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v. 1-57

FILED VS JUL 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-025062
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3359

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Allbrittan Nursing Home — Length of stay in Ib: 3 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3001 Woodland ave. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Viola Middle: Mae Last: Cropp

4. DATE OF DEATH Month: 7 Day: 4 Year: 1959

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 8/8/1890

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Dalton, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Morroco Erickson

14. NAME OF HUSBAND OR WIFE: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Susie Coggs 1834 S.37th.st. K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — not known
DUE TO (c):

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 [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]: none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): none

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: none

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 28 May 59 to 4 July 59 and last saw her/him alive on 4 July 59. Death occurred at July 4 59 1:A. upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): John H Wells MD

22b. ADDRESS: 4011 Longwood Blvd

22c. DATE SIGNED: 8 July 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-9-59

23c. NAME OF CEMETERY OR CREMATORY: Maple Hill

23d. LOCATION (City, town, or county) (State): Kansas City, Kans.

24. FUNERAL DIRECTOR ADDRESS: Mrs. J. W. Jones 440 statev ave.Kans.

25. DATE RECD. BY LOCAL REG.: 7-9-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

John H. Wells

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 Eugene Coughlin

Licensed Embalmer No. 4005

P. O. Address 440 State

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.