

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-028965

STATE FILE NUMBER

Registration-District No. 149 Primary Registration District No. 1002 Registrar's No. 4224

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) KANSAS CITY		Length of stay in 1b 40 yrs.		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 RESEARCH HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 408 SOUTH LAWN			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAE Middle B Last BELL				4. DATE OF DEATH Month AUGUST Day 27 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-11-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC		11. BIRTHPLACE (City and state or country) ATCHISON CO., KANSAS		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME NELSON CHALFANT		13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE WALTER L. BELL		
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. 489 44 4969		17. INFORMANT Address WALTER L. BELL-KANSAS CITY, MISSOURI 408 SO. LAWN			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Arterial Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombosis</u> DUE TO (c) <u>Cardiovascular Arteriosclerotic Disease, Generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Broncho pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8-23-59</u> <u>8-23-59</u> <u>Unknown</u>	
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 _____ a.m. _____ p.m. Month, Day, Year _____							
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
21. I attended the deceased from <u>June, 1959</u> to <u>August 27, 1959</u> and last saw her <u>alive on August 27, 1959</u> Death occurred at <u>10:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Paul N. Johnston, M.D.</u> (Degree or title)				22b. ADDRESS <u>1110 Bryant Bldg.</u>		22c. DATE SIGNED <u>August 28, 1959</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG 31, 1959		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-KANSAS CITY, MO.				25. DATE RECD. BY LOCAL REG. <u>8-31-59</u>		26. REGISTRAR'S SIGNATURE <u>neva minchall</u>	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Paul N. Johnston

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4912

P. O. Address H.G. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.