URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-040439

STATE FILE NUMBER

ENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5437

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b ~~4yrs.~~ D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN ~~KANSAS CITY~~ Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 12225 EAST 46th TERR — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EDWIN GEORGE Middle Last WALL
4. DATE OF DEATH Month NOV Day 5 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH NOV 6, 1916
9. AGE (last birthday) 42yrs. — 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) PERSONNEL DPT CORPS OF ENGINEERS
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) DESOTO MISSOURI
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JOSEPH WALL
13b. MOTHER'S MAIDEN NAME BESSIE EVANS
14. NAME OF HUSBAND OR WIFE DOROTHY WALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW11
16. SOCIAL SECURITY NO. 500 30 8825
17. INFORMANT DOROTHY WALL Address 12225 E. 46th TERR

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) acute coronary occlusion — 5 min
DUE TO (c) Coronary arteriosclerosis — chronic
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ 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 8-25-56, to 11-5-59 and last saw ~~him~~ alive on 8-7-59
Death occurred at 10:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF David J. Elias

22a. SIGNATURE David J Elias MD (Degree or title)
22b. ADDRESS 9306 E 40th Hwy Indep. Mo
22c. DATE SIGNED 11-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV 7, 1959
23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 11-11-59
26. REGISTRAR'S SIGNATURE Nova Minchall

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Roger L. Fuller

Signature of Student Embalmer

Licensed Embalmer No. 4818

P.O. Address KC Mo

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