MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 5627

STATE FILE NUMBER 63-039748

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED NOV 4 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in Ib: 48 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3228 Lexington — Inside Limits Yes [X] No [ ]

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): 3228 Lexington — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ANNA Middle M. Last ALMLOFF
4. DATE OF DEATH: Month October Day 16 Year 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 3-21-1887
9. AGE (last birthday): 76 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): County Limerick, Ireland
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Carroll
13b. MOTHER'S MAIDEN NAME: Bridget English
14. NAME OF HUSBAND OR WIFE: Walter Almloff
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.:
17. INFORMANT: Delia Carroll, 3228 Lexington, Address 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): Coronary Artery Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Coronary artery Insufficiency
DUE TO (c): Coronary Artery Arteriosclerosis
INTERVAL BETWEEN ONSET AND DEATH
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 [X]
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: Kansas City Jackson Mo.

21. I attended the deceased from Jan 1962 to Oct 1963 and last saw her alive on 1963
Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

MEDICAL CERTIFICATION — K. L. Shireman

22a. SIGNATURE: K. L. Shireman M.D. (Degree or title)
22b. ADDRESS: 4606 St John Kcmo.
22c. DATE SIGNED: 10-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-19-1963
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Sheil Funeral Home, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 10-18-63
26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3098		
3	2		
4	1		
5	1		
6			
7	2		
8	2		
9	4201		
10			
11			
12	90-0		
13			

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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_____ Signed William H. Davis
Signature of Student Embalmer

Licensed Embalmer No. 4195

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.