

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5009**
532

FILED FEB 18 1950

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 50 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 5404 THE PASEO 3758			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5404 THE PASEO				d. STREET ADDRESS (If rural, give location) 5404 THE PASEO 3758					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) EVANS		c. (Last) SOYSTER		4. DATE OF DEATH (Month) (Day) (Year) FEB. 2-1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE-17-1864			
9. AGE (In years last birthday) 85 YEARS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN-HOSIERY		10b. KIND OF BUSINESS OR INDUSTRY RETIRED 2 YEARS		11. BIRTHPLACE (State or foreign country) SMITHLAND, KENTUCKY			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JACOB V. SOYSTER		13b. MOTHER'S MAIDEN NAME Rebecca ELLIS		14. NAME OF HUSBAND OR WIFE Mrs. NELLIE GRANT SOYSTER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPANISH-AMERICAN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. NELLIE GRANT SOYSTER 5404 THE PASEO KANSAS CITY, MO.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic stenosis				DUE TO (b) Rheumatic heart disease				40 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) generalized arterio sclerosis				20 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 411X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 7, 1948 , to Feb. 2, 1950 ; that I last saw the deceased alive on Feb 2, 1950 , and that death occurred at 3:45 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Blaine Z. Hibbard (Degree or title) (M.D.)				23b. ADDRESS 411 Alameda Rd. K.C. Mo.		23c. DATE SIGNED Feb 3, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE FEB. 4-1950		24c. NAME OF CEMETERY OR CREMATORY DN NEWCOMERS SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 2-4-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer's Sons		ADDRESS 1731 BRUSH CREEK KANSAS CITY, MO.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

