

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8280**
Registrar's No. **1361**

FILED APR 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) Kansas City	c. LENGTH OF STAY (in this place) 56 years	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If rural, give location) 6515 Charlotte	

3. NAME OF DECEASED (Type or Print) a. (First) MRS. NORINE b. (Middle) F c. (Last) BROCK			4. DATE OF DEATH (Month) (Day) (Year) Mar 21 1952		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 14 1896	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 24 HRS. Hours 0 Mins. 0
-------------------------	----------------------------------	--	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
---	--	-----------------------------------	--	--	--	---	--

13a. FATHER'S NAME PATRICK FLAHEVE		13b. MOTHER'S MAIDEN NAME MARY CANTY		14. NAME OF HUSBAND OR WIFE ARTHUR BROCK	
--	--	--	--	--	--

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'S SIGNATURE OR NAME Arthur Brock		ADDRESS 6515 Charlotte	
--	--	--	--	--	--	----------------------------------	--

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, asthma, 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) myocardial insufficiency		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive CardioRenal DUE TO (c) Coronary Artery Disease				13x	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colonorectal metastasis						15	

19a. DATE OF OPERATION 3/14/52		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 2/27, 1952, to 3/21, 1952, that I last saw the deceased alive on 3/21, 1952, and that death occurred at 1:08P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. Montgomery		23b. ADDRESS 1332 Professor Bldg		23c. DATE SIGNED 3/22/52	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 24 1952		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
--	--	---------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 3-24-52		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Dwight Tobin		ADDRESS 20 West Linwood	
--	--	---	--	---	--	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

208

38680

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, ~~only~~

working under my personal supervision.

Student Embalmer No.....

Signed Farrest D. Coldenow

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address H. E. 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 this body is not embalmed, fact should be so stated above.