

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42832**  
**6049**

FILED JAN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>4141 No 60th, Rt 6</u> <span style="float: right;">8150</span>				
3. NAME OF DECEASED a. (First) <u>Alfred</u>		b. (Middle) <u>L.</u>	c. (Last) <u>Corey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 53</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Braddock, Penn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Lewis C. Corey</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Jane Willson</u>		14. NAME OF HUSBAND OR WIFE <u>Ina B. Corey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs C L Robertson, 3116N 54th, KCK</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>12/21/53</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchial Asthma &amp; emphysema, right heart failure</u> DUE TO (c) <u>undrown</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostate Hypertrophy 8 years</u>				19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Senility</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		
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 <u>12/21</u> , 19 <u>53</u> , to <u>12/24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12 pm 12/23</u> and that death occurred at <u>12:15 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G.N. Gillum</u> (Degree or title)			23b. ADDRESS <u>502-926-51th St K.C. Mo</u>		23c. DATE SIGNED <u>12/29/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Residence Burial Soc.</u>	24d. LOCATION (City, town, or county) (State) <u>4141 No. 60th, K. C., K</u>				
DATE REC'D BY LOCAL REG. <u>12-26-53</u>	REGISTRAR'S SIGNATURE <u>Sheddine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. A. Fulton Funeral Home K.C., K</u>				

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed *Ralph Tully*  
Licensed Embalmer No. *333*  
P. O. Address *BCH*

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.