

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27251**
Registrar's No. **3936**

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) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 43 years		e. STREET ADDRESS (If rural, give location) 94 8930 Walnut	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Leo b. (Middle) Joseph c. (Last) Fey		4. DATE OF DEATH (Month) (Day) (Year) August 13, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1900
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 mos. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Collector		10b. KIND OF BUSINESS OR INDUSTRY Music Service	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Louis Fey	

13b. MOTHER'S MAIDEN NAME Frances Schumacher		14. NAME OF HUSBAND OR WIFE Hulda V. Fey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. 496-01-7768	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hulda V. Fey		ADDRESS K.C. 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 4 hrs. 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis left ant. desc. artery DUE TO (c) _____		
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 _____		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) _____		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 **8-13, 1954** to **8-13, 1954**, that I last saw the deceased alive on **8-13, 1954** and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE William Lowe Mundy M.D. (Degree or title)		23b. ADDRESS 420 Professional Bldg.		23c. DATE SIGNED 8-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					

DATE REC'D BY LOCAL REG. 8-14-54		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk & Tobin, 20 W. Linwood K.C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD William Lowe Mundy

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, ~~by~~ Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Forest D. Coldenow*

Licensed Embalmer No. *4714*

P. O. Address *Kansas City,*

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.