

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8333**
925

FILED MAR 22 1955

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>14 mo.</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3006 MY GEE</u> | | | | STREET ADDRESS (If rural, give location) <u>3006 MY GEE</u> <u>3448</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEON</u> | | b. (Middle) <u>LAUELLE</u> | | c. (Last) <u>MONG</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 26 1955</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>JAN 2 - 1893</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shaw-Walk Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington - Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JAMES F. MONG</u> | | 13b. MOTHER'S MAIDEN NAME <u>SILVA TOMPKINS</u> | | 14. NAME OF HUSBAND OR WIFE <u>IDA MONG</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>499-07-5446</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAI IDA MONG 3006 MY GEE K.C. Mo</u> | | | |
| 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. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable acute coronary thrombosis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arterio sclerosis</u> | | | | Normal yrs. | |
| | | DUE TO (c) <u>None</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Healed coronary thrombosis</u> <u>Chronic pulmonary fibrosis</u> | | | | 1 1/2 yrs. Normal yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 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 <u>12-1</u> , 19 <u>54</u> , to <u>2-26</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-21</u> , 19 <u>55</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>836 Prof Bldg K.C. Mo</u> | | 23c. DATE SIGNED <u>2-28-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAR-1-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEM</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>3-1-55</u> | | REGISTRAR'S SIGNATURE <u>neva minshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Mulcomus 331 Duval St K.C. Mo.</u> | | | |

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

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 *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas*.....

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.