

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1764

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) 12 years	c. CITY OR TOWN KANSAS CITY	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 2427 TROST	
3. NAME OF DECEASED (Type or Print) a. (First) TRACY b. (Middle) PROCTOR c. (Last) HOLLON	4. DATE OF DEATH (Month) (Day) (Year) April 18, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1898
9. AGE (In years last birthday) 57	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electro-plater		10b. KIND OF BUSINESS OR INDUSTRY BENDIX Aviation Plant
11. BIRTHPLACE (City and State or Foreign Country) CORA, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John E. Hollon	13b. MOTHER'S MAIDEN NAME Minnie Potter	14. NAME OF HUSBAND OR WIFE Georgia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WMTT 487 05 5251	17. INFORMANT'S SIGNATURE OR NAME VETERANS ADMINISTRATION HOSPITAL OFFICIAL	
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 RECORDS, KANSAS CITY, MO.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarct of heart		INTERVAL BETWEEN ONSET AND DEATH Immediate	
ANTECEDENT CAUSES DUE TO (b) Atherosclerosis of coronary arteries			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia		4501	
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 April 15, 1955 , to April 18, 1955 , and that death occurred at 6:25 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE FRANK Q. WINGFIELD, M.D.		23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 4/18/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 22, 1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 4-21-55	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Th. Newcomer's Home, Kansas City, Mo.	

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 *Chester K Brown*

Licensed Embalmer No. *492*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.