

29828

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3885

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3885
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY RANDOLPH		
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN MOBERLY	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 828 GREENWAY TERRACE		e. STREET ADDRESS (If rural, give location) 318 EAST COATES STREET		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle)	c. (Last) SARVER	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4. 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG-2-1879	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATION		10b. KIND OF BUSINESS OR INDUSTRY MANAGER DISTRY MOBERLY, MO.	11. BIRTHPLACE (City and State or Foreign Country) MONTICELLO, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME DANIEL H. SARVER		13b. MOTHER'S MAIDEN NAME ELLA MIZE	14. NAME OF HUSBAND OR WIFE MRS. MAE SARVER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MAE SARVER 318 E. COATES ST. MOBERLY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 minutes 6 mos. 4201
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 Sept. 3, 1955, to Sept 4, 1955, that I last saw the deceased alive on Sept 3, 1955, and that death occurred at 1:25 P. m., from the causes and on the date stated above.				
23a. SIGNATURE Max S. Allen		(Degree or title) M.D.	23b. ADDRESS Univ. of Kans. Med. Center	23c. DATE SIGNED Sept 5, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE SEPT. 7. 1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) KANSAS CITY	(State) MISSOURI
DATE REC'D BY LOCAL REG. 9-5-55	REGISTRAR'S SIGNATURE neva marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Basil V. Honey

Licensed Embalmer No. *472*

P. O. Address *K.C., 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.