

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH36740
State File No. 4876

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
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. LENGTH OF STAY (in this place) 56 hrs		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION 911 Holmes St.				e. STREET ADDRESS (If rural, give location) 911 Holmes St. 3138			
3. NAME OF DECEASED (Type or Print)		a. (First) Jack Leslie		b. (Middle) Bates		c. (Last) _____	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH		9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Bates		13b. MOTHER'S MAIDEN NAME Edna Broadhurst		14. NAME OF HUSBAND OR WIFE Mabel Bates	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-05-0186		17. INFORMANT'S SIGNATURE OR NAME Mabel Bates 911 Holmes St Kas. City, 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) Atherosclerotic Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☒ NO ☐			
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:25 A.m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) 3 Geo. C. Kealhofer		23b. ADDRESS 6627 Park St Gardner, Kansas		23c. DATE SIGNED 11-10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov. 12 1955		24c. NAME OF CEMETERY OR CREMATORY Gardner		24d. LOCATION (City, town, or county) (State) Gardner, Kansas	
DATE REC'D BY LOCAL REG. 11-12-55		REGISTRAR'S SIGNATURE Meva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster Funeral Home Kas. City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Geo. C. Kealhofer

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 *Dean Quene*.....

Licensed Embalmer No. *428*

P. O. Address *HCM*.....

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.