

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40476**

FILED DEC 28 1955

5131

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 township) OR TOWN <u>Kansas City</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"/>
c. LENGTH OF STAY (In this place) <u>35 Yrs.</u>		1. STREET ADDRESS (If rural, give location) <u>4930 Wabash</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH MEDICAL CENTER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALDEN</u> b. (Middle) <u>BURNAP</u> c. (Last) <u>COLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 25 55</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>July 13 1885</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. of Laundry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mass.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>Charles Leonard</u>	13b. MOTHER'S MAIDEN NAME <u>Ida Richardson Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Cole</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WW#1</u>	16. SOCIAL SECURITY NO. <u>490-16-8283</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Cole - 4903 Wabash Ave.,</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION - DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		2-3 years
		DUE TO (c) <u>Cardiac Decompensation</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4200</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min.) _____	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 July 1954, to Nov. 25, 1955, that I last saw the deceased alive on Nov. 25, 1955, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Twin, M.D.</u> (Degree or title) _____	23b. ADDRESS <u>701 E. 63rd; K.C., Mo.</u>	23c. DATE SIGNED <u>Nov. 25, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 28 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-26-55</u>	REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Floral Hills Memorial Chapels, Inc, K.6. Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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 *Lloyd C. McLeod*

Licensed Embalmer No. *485*

P. O. Address *H.C.*

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.