

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

679

State File No.

FILED FEB 14 1956

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>5 Hours</u>		d. STREET ADDRESS (If rural, give location) <u>1058 Laurel Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2029 Swift Avenue</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Forrest</u>	b. (Middle) <u>H.</u>	c. (Last) <u>Nesselrode</u>	(Month) <u>January</u>	(Day) <u>21</u>	(Year) <u>1956</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>December 16-1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier of Riverview State Bank, K.C.K.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bucyrus, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James H. Nesselrode</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Moulton</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred R. Nesselrode</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>511-12-0079</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred R. Nesselrode, (Wife)</u>	ADDRESS <u>K.C.K.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>immed.</u> <u>immed.</u> <u>Several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mycardial Infarction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Jan. 21, 1956, and that death occurred at 9:00P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Grey Dimond</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Kansas City, Kansas</u>	23c. DATE SIGNED <u>1/23/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan. 24, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>1-24-56</u>	REGISTRAR'S SIGNATURE <u>Marquette Higgins</u> <u>494</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. A. Butler's Sons</u>	ADDRESS <u>Kansas City, Kans.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

with name card

