

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4896

State File No. _____

FILED MAR 1 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 633

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. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 41 YEARS		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 ST. LUKE'S HOSPITAL			
e. STREET ADDRESS (If rural, give location) 15 1538 E. 50TH TERRACE			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) ETHEL	b. (Middle) BERTINE	c. (Last) KIOUS	FEB. 9, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH AUGUST-12-1889	9. AGE (In years last birthday) 66	IF UNDER 18: YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MARION, KANSAS	
13a. FATHER'S NAME WILLIAM KIOUS			13b. MOTHER'S MAIDEN NAME ELLEN STANCLIFF		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 486-10-5432		17. INFORMANT'S SIGNATURE OR NAME MISS GWENDOLYN KIOUS	
				ADDRESS 1538 E. 50TH TERRACE, KANSAS CITY, MO.	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of coronary			
		DUE TO (c) Cor pulmonale		4201	
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 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) m.		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 Feb 9, 1956, to Feb 9, 1956 that I last saw the deceased alive on Feb 9, 1956, and that death occurred at 11:20 p.m., from the causes and on the date stated above.					
23a. SIGNATURE John B. Justus (Degree or title) MD		23b. ADDRESS 315 Nichols Rd. K.C. Mo.		23c. DATE SIGNED Feb 29, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB-11-1956		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
DATE REC'D BY LOCAL REG. 2-11-56 neva minshall		REGISTRAR'S SIGNATURE		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Hudcombs		ADDRESS 1827 E. 29th St. Kansas City, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD John B. Justus

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.....
Richard S. Rogers

Licensed Embalmer No..... 495

P. O. Address.....
F. E. M.

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.