

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH13617
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 212

| | | | | | |
|---|----------------------------------|---|--|--|--|
| 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, give TOWNSHIP only) OR TOWN Independence, Missouri | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Kansas City, 22 Mo. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION Indep. Hospital | | Length of stay in lb 32 Yrs. | d. STREET ADDRESS 119 No. Hawthorne | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Cuvella Middle Floyd Last Place | | | 4. DATE OF DEATH Month April Day 29 Year 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12/7/1913 | 9. AGE (In years last birthday) 42 IF UNDER 1 YEAR Months 7 Days 22 Hours 10 Min. 15 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician | | 10b. KIND OF BUSINESS OR INDUSTRY Sheffield Murray | 11. BIRTHPLACE (City and state or country) Gallatin, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Chas. J. Place | | | 14. MOTHER'S MAIDEN NAME Venita Merle Austin | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature, dates of service) Yes World War Two | | 16. SOCIAL SECURITY NO. 487-03-4288 | 17. INFORMANT Address Mary M. Place D. C. 119 N. Hawthorne, K.C. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY |
| 20g. STATE | | | | | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Hugh H. Owen Coroner | | | 22b. ADDRESS 1034 Rio Grande | | 22c. DATE SIGNED 4-30-56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE MAY 2, 1956 | 23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON | 23d. LOCATION (City, town, or county) JACKSON COUNTY, MISSOURI | | (State) |
| 24. FUNERAL DIRECTOR George C. Carson & Son's, Indep. Mo. | | ADDRESS | 25. DATE RECD. BY LOCAL REG. 5-1-56 | 26. REGISTRAR'S SIGNATURE James K. [Signature] | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1958

MAY 9 1958

MAY 31 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom D Marklan

Licensed Embalmer No. 4

P. O. Address Indep

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.