

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16251
State File No. 1825
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Linmont Nursing Home		e. STREET ADDRESS (If rural, give location) 2702 Linwood	

3. NAME OF DECEASED a. (First) Alice		b. (Middle)		c. (Last) Best		4. DATE OF DEATH (Month) (Day) (Year) 4-22-56	
5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 7/24/1868		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Music		11. BIRTHPLACE (City and State or Foreign Country) N.Y. N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Elliott Best		13b. MOTHER'S MAIDEN NAME Susie West		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Perin D. McElroy Public Adm. ADDRESS _____	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarct		INTERVAL BETWEEN ONSET AND DEATH Twelve hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerotic heart disease		several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		DUE TO (c) Fractured right shoulder hip & elbow		4 1/2 wks	

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)		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 3-28, 1956, to 4-22, 1956 that I last saw the deceased alive on 4-20, 1956 and that death occurred at 1 p. m., from the causes and on the date stated above.

23a. SIGNATURE Albert P. Kovac M.D.		23b. ADDRESS 1222 Mc Lee		23c. DATE SIGNED 4-23-56	
24a. BURIAL CREMATION REMOVAL (Specify) buried		24b. DATE 4/28/56		24c. NAME OF CEMETERY OR CREMATORY Forest Lawn	
DATE REC'D BY LOCAL REG. 4-27-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Perin D. McElroy ADDRESS N. E. Mo.	

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 *J. S. Walton*.....

Licensed Embalmer No. *2741*

P. O. Address *K. C. 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.