

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH38099  
STATE FILE NUMBER 5071  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION On sidewalk 350 E. Armour			Length of stay in lbs 25 yrs		d. STREET ADDRESS 300 E. Armour		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle KILLINGSWORTH Last				4. DATE OF DEATH Month Day Year Nov. 21, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 19, 1892		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady Rep.		10b. KIND OF BUSINESS OR INDUSTRY Harzfeld's Cosmetic Rep.		11. BIRTHPLACE (City and state or country) Lathrop, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Herman Heck				14. MOTHER'S MAIDEN NAME Cooper					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 487-05-8665		17. INFORMANT Jeanette Fetter 4317 Oak				
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CONGESTIVE HEART FAILURE DUE TO (c) RHEUMATIC HEART DISEASE 12/16X								INTERVAL BETWEEN ONSET AND DEATH 30 MIN. 6 MOS. 50 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input 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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from August 10, 1956 to November 21, 1956 Death occurred at 6:40 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.								21. I last saw her/him alive on 11/20/56	
22a. SIGNATURE George K. Landis, M.D.				22b. ADDRESS 1103 Grand Ave. K. C., Mo.				22c. DATE SIGNED 11/23/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Cremation		11-24-56		Elmwood Crematory		Kansas City, Missouri			
24. FUNERAL DIRECTOR Mellody-McGillev-Eylar 1800 E. Linwood				25. DATE RECD. BY LOCAL REG. 11-23-56		26. REGISTRAR'S SIGNATURE Irene Mindall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

George K. Landis

MEDICAL CERTIFICATION

300  
1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

All symptoms with be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

*W. L. G. Co. Inc.  
Prof. B. G.*

*Angeline M. Day*

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**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 *James E. Hochlema*.....

Licensed Embalmer No. *45*

P. O. Address *K.C., Mo.*

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.