

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1359

STATE FILE NUMBER

226

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | | | | | | | |
|--|-------------------------------|---|---|--|---|---|--|
| 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 Trinity L. Hospital | | | Length of stay in 30yrs | d. STREET ADDRESS 2500 East 28 St | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Joseph Middle Elwood Last Llafet | | | | 4. DATE OF DEATH Month Jan Day 13 Year 1957 | | | |
| 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 June 6, 1879 | | 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Sears Roebuck Co. | 11. BIRTHPLACE (City and state or country) Richmond Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME Samuel L. D. Llafet | | | | 14. MOTHER'S MAIDEN NAME Ruth F. Lee | | | |
| 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. 491-09-3777 | | 17. INFORMANT Address Mrs. Alvin Burge 1507 Walker Kansas City Ka. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis, severe Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Angina Pectoris, mpt DUE TO (c) Myocarditis, mpt PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 20 min. 9 yrs. 9 yrs. |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201 | | | | |
| 20c. TIME OF INJURY Hour _____ 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 _____ STATE _____ | | | |
| 21. I attended the deceased from May 28, 1947 , to Jan 13, 1957 and last saw ^{him} alive on Jan 13, 1957 Death occurred at 2:50 P.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE P. E. Pearson M.D. (Degree or title) | | | | 22b. ADDRESS 1025 1/2 E. 28th St., K.C. Mo. | | 22c. DATE SIGNED 1/15/57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Jan. 17, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 23d. LOCATION (City, town, or county) (State) Kansas City Mo. | | |
| 24. FUNERAL DIRECTOR Mrs C. L. Forster Funeral Home K.C. Mo. | | | | ADDRESS 1-16-57 | 25. DATE RECD. BY LOCAL REG. never mind all | | 26. REGISTRAR'S SIGNATURE |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
P. E. Pearson

with, welfare, public, service, 00, 56, Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms which are not listed in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Vi 24751

Dr. Purson

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
J. Nigel Hennel

Licensed Embalmer No. 35

P. O. Address *J.C.W.*

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.