FILED JAN 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1401
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp. — Length of stay in 1b 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Jackson~~ Pettis
c. CITY OR TOWN Nevada — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS R # 3 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CORA — Middle MARIE — Last MOULDS
4. DATE OF DEATH: Month Jan Day 2 Year 1957
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 16 1894
9. AGE (In years last birthday): 62 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Pilot Grove, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Henry Waller
14. MOTHER'S MAIDEN NAME: Emma Ritchie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-01-1201A
17. INFORMANT: Charles L. Moulds, Route # 3, Nevada, Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute anterior myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — unknown
DUE TO (c) — 4201
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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-25-56, to 1-2-57 and last saw her/him alive on 1-2-57
Death occurred at 2:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wilson H. Miller (Degree or title)
Wilson H. Miller, M.D.
22b. ADDRESS 4620 Independence Ave Kansas City, Mo.
22c. DATE SIGNED 1-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan 5, 1957
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar 1800 E. Linwood K. C., Mo.
25. DATE RECD. BY LOCAL REG.: 1-3-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Dr Wilson Miller
4630 Cind.
CH-1-575

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed Melvin Bartan

Licensed Embalmer No. 4

P. O. Address KC

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.