

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4550

STATE FILE NUMBER

FILED MAR 6 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 735

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 3498 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5526 COLLEGE AVE Length of stay in 1b 18 YEARS		d. STREET ADDRESS (If outside, give location) 5526 COLLEGE AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **CORA** Middle **ANNE** Last **AMES**

4. DATE OF DEATH Month **FEB** Day **18** Year **1957**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **JULY 14 1875** 9. AGE (In years last birthday) **81**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME** 10b. KIND OF BUSINESS OR INDUSTRY **-** 11. BIRTHPLACE (City and state or country) **BRUMLEY MISSOURI** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **ASA WRIGHT** 14. MOTHER'S MAIDEN NAME **CATHERINE SONS**

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. **NONE** 17. INFORMANT **RAY W. AMES** Address **5526 COLLEGE AVE. KANSAS CITY, MO.**

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**
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(n)
INTERVAL BETWEEN ONSET AND DEATH **12 hrs**
4201

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) **2**

20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. **2:57 1957**

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 **2-17-57** to **2-18-57** and last saw her/him alive on **2-18-57**
Death occurred at **2:50 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. J. Penfold DO** 22b. ADDRESS **2512 Sycamore Park Way** 22c. DATE SIGNED **2-18-57**

23a. BIRTH, CREMATION, REMOVAL (Specify) **SURIAL** 23b. DATE **FEB 21 1957** 23c. NAME OF CEMETERY OR CREMATORY **HAWKINS CEMETERY** 23d. LOCATION (City, town, or county) (State) **BRUMLEY MISSOURI**

24. FUNERAL DIRECTOR **D.W. NEWCOMER'S SONS** ADDRESS **1331 BRUSH CREEK KANSAS CITY, MO.** 25. DATE RECD. BY LOCAL REG. **2-20-57** 26. REGISTRAR'S SIGNATURE **Neva Minshel**

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
C. J. Penfold

MEDICAL CERTIFICATION

000-56
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....

Robert Ray

Licensed Embalmer No. 41

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.