THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1957

STATE FILE NUMBER 4617

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 508

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 5615 WINNER RD. — Length of stay in 1b 36 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY 19 3198 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 5615 WINNER RD. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) — First: SOPHIA Middle: THERESA Last: CAREY

4. DATE OF DEATH Month Day Year: JANUARY 30 1957

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: APR. 22, 1881

9. AGE (In years last birthday): 75 — 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: AT HOME

11. BIRTHPLACE (City and state or country): TORONTO, CANADA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VALENTINE HANSULD

14. MOTHER'S MAIDEN NAME: MARY ANN KALBFLEISCH

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.: NONE

17. INFORMANT: MR. GEORGE R. CAREY Address 5300 EAST 12TH STREET, KANSAS CITY, MO.

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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 4250
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 X

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 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 5-25-53, to 1-30-57 and last saw her/him alive on 12-12-56
Death occurred at 8:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Richard W. Gunn (Degree or title) M.D.

22b. ADDRESS: 6230 Truman Rd. Kc. Mo.

22c. DATE SIGNED: 1-30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: FEB 2 1957

23c. NAME OF CEMETERY OR ~~CREMATORY~~: FOREST HILL CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS City MISSOURI

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS, KANSAS City, Mo. ADDRESS 1331 BRUSH CREEK

25. DATE RECD. BY LOCAL REG.: 2-5-57

26. REGISTRAR'S SIGNATURE: Nina 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.

Richard W. Gunn

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 Chester L. Brown

Licensed Embalmer No. 4

P. O. Address K C

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.