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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh A. Gestring M. D.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1957

STATE FILE NUMBER 4638

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 553

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DEACONESS ANNEX St. Lukes Hosp-45 YEARS — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4340 Roanoke Pkwy — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Constance Middle C. Last Cofer

4. DATE OF DEATH Month 2 Day 2 Year 57

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH March-16-1906

9. AGE (In years last birthday) 50 — 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) House Wife

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (City and state or country) Koshkonong Missouri

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

13. FATHER'S NAME James Robert Paden

14. MOTHER'S MAIDEN NAME Cleffie Hubbell

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. 500-12-0933

17. INFORMANT Junius B. Cofer — Address 4340 Roanoke Pkwy Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardium infarct anterior
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombosis of anterior coronary
DUE TO (c) artery. Coronary Atherosclerosis — 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 1926, to Feb 2-1957 and last saw her alive on 1-2-57
Death occurred at 9:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh A. Gestring M.D.

22b. ADDRESS 1220 E 31st

22c. DATE SIGNED 2-4-57

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

23b. DATE Feb-5-1957

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR D.W. Newcomer's Sons — ADDRESS 1331 Brush Creek Kansas City Mo.

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

26. REGISTRAR'S SIGNATURE Neba Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 Paul R. Williamso

Licensed Embalmer No. 5.c

P. O. Address Overlan
Kan

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.