

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4787

FILED MAR 13 1957

STATE FILE NUMBER

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 828

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5616 VIRGINIA</u>		Length of stay in 1b <u>2 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>5616 VIRGINIA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LAURA</u> Middle <u>BELLE</u> Last <u>ISRAEL</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 22, 1862</u>		9. AGE (In years last birthday) <u>94</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOMESTIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or country) <u>WARSAW, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John W. WANMAKER</u>			14. MOTHER'S MAIDEN NAME <u>LUCINDA TOWNS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT Address <u>5616 VIRGINIA K.C. Mo.</u> <u>Mr Robert E. ISRAEL</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute myocardial infarction</u> DUE TO (b) <u>Acute Coronary Occlusion</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Senility.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2</u>		
20c. TIME OF INJURY Hour <u>9:00 p.</u> Month <u>2-20-57</u> Day <u>20</u> Year <u>57</u> 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 <u>8-30-55</u> to <u>2-20-57</u> and last saw her alive on <u>1-21-57</u> Death occurred at <u>9:00 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John H. Wheeler</u> (Degree or title) <u>D</u>			22b. ADDRESS <u>M.D. 411 Nichols Road, K. C. Mo.</u>		22c. DATE SIGNED <u>2-21-57</u>
23a. BURIAL OR REMOVAL (Specify)	23b. DATE <u>FEB-21-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EDGEWOOD CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>CHILLICOTHE MISSOURI</u>	
24. FUNERAL DIRECTOR <u>D.W. NEW COMERS SONS</u> ADDRESS <u>1331 BRUSH CREEK BLVD K.C. Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-21-57</u>		26. REGISTRAR'S SIGNATURE <u>Neval Minshall</u>

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard form. Diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John H. Wheeler

(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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Everett L. Smith*

Licensed Embalmer No. *50*

P. O. Address *K. C. T.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.