THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5099

STATE FILE NUMBER

FILED FEB 18 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 368

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4028 Prospect — Length of stay in lb 30 yrs

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 X No ☐
d. STREET ADDRESS (If outside, give location) 4028 Prospect — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MARY Middle C. Last WOOD

4. DATE OF DEATH Month Jan Day 23 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH Feb. 15. 1868

9. AGE (In years last birthday) 88 — 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) Belleville, Illinois

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

13. FATHER'S NAME Jonathan Yost

14. MOTHER'S MAIDEN NAME Agatha Gauscner

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 Clark C Wood Address 4028 Prospect KanC, 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) Myocarditis (Severe) — INTERVAL BETWEEN ONSET AND DEATH Several yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Exacerbation above condition — Last few days
DUE TO (c) — 4222

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 1-22, to 57 1-23-57 and last saw her him alive on 1-22-57
Death occurred at 4 40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. Atcheson MD

22b. ADDRESS 3938 Prospect

22c. DATE SIGNED 1-23-57

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

23b. DATE 1-26-57

23c. NAME OF CEMETERY OR CREMATORY Prairie City Cem

23d. LOCATION (City, town, or county) (State) Prairie City, Mo

24. FUNERAL DIRECTOR ADDRESS Nellody McGilly Eylar Funeral House K.C. Mo.

25. DATE RECD. BY LOCAL REG. 1-24-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

B. Atcheson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptoms of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Dr Bettfield A
3939 Prospe
Wal 4-6110

1- 5:30 PM

Excavation

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.....Melvin Barte

Licensed Embalmer No. 49

P. O. Address K.C., M

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.