

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13289

STATE FILE NUMBER

FILED MAY 1 - 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1798

300
1-57

| | | | | | | | |
|---|---|---|--|--|--|---|---------|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Kansas City</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION <i>404 N. Gladstone</i> | | | Length of stay in lb <i>56 yrs.</i> | d. STREET ADDRESS (If outside home location) <i>404 N. Gladstone</i> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First: <i>CORA</i> Middle: <i>MINNIE</i> Last: <i>MERCHANT</i> | | | | 4. DATE OF DEATH Month: <i>April</i> Day: <i>16</i> Year: <i>1957</i> | | | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>May-18-1893</i> | 9. AGE (In years last birthday) <i>63</i> | IF UNDER 1 YEAR Months: <i>-</i> Days: <i>-</i> | IF UNDER 24 HRS. Hours: <i>-</i> Min.: <i>-</i> | |
| 10a. USUAL OCCUPATION (Give kind of work done or most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i> | 11. BIRTH PLACE (City and state or country) <i>Lawn, Missouri</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | |
| 13a. FATHER'S NAME <i>Benjamin Bea</i> | | 13b. MOTHER'S MAIDEN NAME <i>Unknown</i> | | 14. NAME OF HUSBAND OR WIFE <i>Frank Merchant</i> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>-</i> | 17. INFORMANT Address <i>Mrs. E.H. Lable 404 N. Gladstone</i> | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Failure</i> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>Hypertension; Heart Disease</i> | DUE TO (c) <i>Atherosclerosis</i> | | | | | |
| 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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.) | | | | |
| 20c. TIME OF INJURY Hour: <i>-</i> Month, Day, Year: <i>-</i> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <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 <i>3/31/57</i> to <i>4/4/57</i> and last saw her alive on <i>4/4/57</i> . Death occurred at <i>4/16/57</i> <i>1957</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i>Joseph M. Yasso M.D.</i> | | | | 22b. ADDRESS <i>208 South Broadway</i> | | 22c. DATE SIGNED <i>4/16/57</i> | |
| 22a. BURIAL, CREMATION, REMOVAL (Specify) | 23. DATE <i>4-17-1957</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cem.</i> | | 23d. LOCATION (City, town, or county) <i>Kansas City, Mo.</i> | | | (State) |
| 24. FUNERAL DIRECTOR ADDRESS <i>C.H. Blackman & Son Inc.</i> | | | 25. DATE RECD. BY LOCAL REG. <i>4-17-57</i> | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> | | | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph M. Yasso



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 *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *N. C. No.*

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.