FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021315

STATE FILE NUMBER 2765

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Hosp. #1 — Length of stay in 1b Life

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 XX No
d. STREET ADDRESS (If outside, give location) 12 E. 32 Terr. — Reside on Farm Yes No XX

3498

3. NAME OF DECEASED (Type or print): First John Middle W. Last Rose

4. DATE OF DEATH: Month 6 Day 10 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH March 3, 1891

9. AGE (In years last birthday) 66 — 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) CAB DRIVER

10b. KIND OF BUSINESS OR INDUSTRY Toedman Cab

11. BIRTHPLACE (City and state or country) KANSAS CITY MO

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

13a. FATHER'S NAME No Record

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Izetta Rose

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. 494-16-7536A

17. INFORMANT Mrs Izetta Rose Address 12 E 32nd Terr

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) Penetrating gastric and duodenal ulcers with hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 X 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 June 9, 1957, to June 10, 1957 and last saw him alive on June 10, 1957. Death occurred at 7:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B.I. Burns (Degree or title) B. I. Burns, M.D.

22b. ADDRESS 24th & Cherry

22c. DATE SIGNED 6-10-57

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

23b. DATE 6/12/57

23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.

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

24. FUNERAL DIRECTOR Shell Funeral Home ADDRESS K.C. MO

25. DATE RECD. BY LOCAL REG. 6-12-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

X by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed Thomas A. Sheil

Signature of Student Embalmer

Licensed Embalmer No. 4954

P. O. Address K. C. Mo

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.