

Health, Welfare, Public Service

300-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24853
STATE FILE NUMBER 3533
Registrar's No. 149

FILED AUG 15 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3533

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Missouri		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Leawood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hosp.			Length of stay in lb 17 days		d. STREET ADDRESS (If outside, give location) 2505 W 97 Terr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Nell Middle Elizabeth Last Sturtevant				4. DATE OF DEATH Month July Day 26 Year 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 4 1893		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 7 Days 4 Hours 15 Min.	IF UNDER 24 HRS. Hours 15 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and state or country) Courtland Kansas		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James Filcher				14. MOTHER'S MAIDEN NAME MARY E. —					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT See above Address W. Lyle Sturtevant				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Tamponade							INTERVAL BETWEEN ONSET AND DEATH 5 minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Acute Myocardial Infarction		DUE TO (c) 17 days		17 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Diabetes Mellitus							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a. m. Month, Day, Year 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 7-10-57 to 7-26-57 and last saw ^(her) (him) alive on 7-26-57 Death occurred at 5:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Richard E. Davis (Degree or title) M. D.				22b. ADDRESS 4140 West 71st		22c. DATE SIGNED 7-27-57		22c. DATE SIGNED 7-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 27 1957	23c. NAME OF CEMETERY OR CREMATORY Valley View Cemetery		23d. LOCATION (City, town, or county) (State) Garden City Kansas					
24. FUNERAL DIRECTOR D. W. Newcomb & Sons			ADDRESS		25. DATE RECD. BY LOCAL REG. 7-27-57		26. REGISTRAR'S SIGNATURE Neva Minshall		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Richard E. Davis, M.D.

02-1-045-D



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 *Robert Ray*

Licensed Embalmer No. 41

P. O. Address K. C., Mo.

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.