

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31996
STATE FILE NUMBER
4289

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN RAYTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			Length of stay in 1b D.O.A.		d. STREET ADDRESS (If outside, give location) 8212 EAST 93RD ST. TERR.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DONALD Middle DALE Last LOE				4. DATE OF DEATH SEPT 13 1957					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT-8-1928		9. AGE (In years last birthday) 29			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROAD AGENT			10b. KIND OF BUSINESS OR INDUSTRY COMMERCIAL CREDIT CORP.		11. BIRTHPLACE (City and state or country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME CHESTER J. LOE			13b. MOTHER'S MAIDEN NAME NETTIE MABEL FRANKS			14. NAME OF HUSBAND OR WIFE MRS. VIRGINIA C. LOE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLDWART II			16. SOCIAL SECURITY NO. 514-20-2670		17. INFORMANT MRS. VIRGINIA C. LOE			Address 8212 EAST 93RD TERR RAYTOWN MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema & Congestive DUE TO (b) Occlusion Rt Coronary Arteries DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 4201		
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 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. _____ p.m. Month, Day, Year _____									
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 _____ to _____ and last saw her alive on _____ Death occurred at 8 P. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Geo C. Healy, Deputy Registrar					22b. ADDRESS 6627 Walnut St. Overland Park, Mo.		22c. DATE SIGNED 9-14-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE SEPT-14-1957	23c. NAME OF CEMETERY OR CREMATORY GLASCO CEMETERY			23d. LOCATION (City, town, or county) (State) GLASCO, KANSAS			
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1331 BRUSH CREEK R.C., MO.		25. DATE RECD. BY LOCAL REG. 9-15-57		26. REGISTRAR'S SIGNATURE neva minshel		

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diagnoses in Part I must be causally related.
 Geo. C. Healy, Registrar

Case 1-0123

Handwritten signature

DEC 23 1957

FEB 13 1958

VS DEC 9 1957

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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32, NC*

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.