

Health, Welfare & Public Service
 300 1-56
 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.
 MEDICAL CERTIFICATION
 Geo. C. Kealhofer
 Corr by coroner's advt 12/3/57/jf

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32118

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 4016

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1116 Wyandotte		Length of stay in 1b 3 yrs.		STREET ADDRESS (If outside, give location) 1116 Wyandotte		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Doris Middle Leone Last Rank				4. DATE OF DEATH Month Aug. Day 26, Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 30, 1902		9. AGE (In years last birthday) 55	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) Waitress			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME J. C. Blue				14. MOTHER'S MAIDEN NAME Frances Smith				
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. 526-22-3810		17. INFORMANT Address Jackson County Coroner				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Drinking Tab. Epson</i></u> Barbiturate Poisoning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 8710		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 14						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.) unknown						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		Month, Day, Year Aug 26, 57						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1116 Wyandotte		20f. CITY, TOWN, OR LOCATION Kansas City 123		COUNTY Jackson	STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Geo C Kealhofer</i>				22b. ADDRESS 6627 Maple St 150m		22c. DATE SIGNED 8-27-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 27, 1957	23c. NAME OF CEMETERY OR CREMATORY Enid, Oklahoma Cem.		23d. LOCATION (City, town, or county) (State) Enid, Oklahoma			
24. FUNERAL DIRECTOR ADDRESS Peter B. Lapetina K.C., Mo.			25. DATE RECD. BY LOCAL REG. 8-27-57		26. REGISTRAR'S SIGNATURE <i>Nea Minshall</i>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 477

P. O. Address KC 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.