. Health,
& Welfare
. Public
h Service

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. 1-57

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40399
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5172

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 418 W. 63rd St. — Length of stay in 1b: 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Georgia b. COUNTY: MUSCOGEE
c. CITY OR TOWN: Columbus — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 2213 Willard St. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Maude Middle: Last: INGRAM

4. DATE OF DEATH: Month: Nov. Day: 4 Year: 1957

5. SEX: Female **6. COLOR OR RACE**: White **7.** MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: —

9. AGE (In years last birthday): 78 — 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): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Spring Hill, Kansas

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

13a. FATHER'S NAME: John Mitchell

13b. MOTHER'S MAIDEN NAME: Alice Jenkins

14. NAME OF HUSBAND OR WIFE: Joe

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.: none

17. INFORMANT: Mrs. Evelyn McKenzie Address: 418 W. 63rd St.

MEDICAL CERTIFICATION

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 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis — 3 hours
DUE TO (c): — 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 [ ] NO [X]

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 11-4-57, to 11-4-57 and last saw her/him alive on 11-4-57
Death occurred at 7:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John T. Skinner (Degree or title): MD **22b. ADDRESS**: 1102 Grand K.C. Mo **22c. DATE SIGNED**: 11-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: 11-5-57 **23c. NAME OF CEMETERY OR CREMATORY**: — **23d. LOCATION** (City, town, or county) (State): Columbus Georgia

24. FUNERAL DIRECTOR ADDRESS: Stine + McClure, K.C., Mo. **25. DATE RECD. BY LOCAL REG.**: 11-5-57 **26. REGISTRAR'S SIGNATURE**: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John T. Skinner

KP 2

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 ..... Signed Elmo D. Tiglett .....
Signature of Student Embalmer

Licensed Embalmer No. 4817 .....

P. O. Address Kansas City, 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.