

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44531

STATE FILE NUMBER

6063

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

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 6335 McGee		Length of stay in 1b 15 years	d. STREET ADDRESS (If outside, give location) 6335 McGee Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MR. JOHN PARKER			4. DATE OF DEATH Month Dec. Day 21 Year 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 May 24, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 6 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired, state when) Retired Rancher		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ranch in Ellis County Kans.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Parker			14. MOTHER'S MAIDEN NAME Saraha Bowman		
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. 515-16-4589	17. INFORMANT Betty Parker Address 6335 McGee, K. C. Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting Aneurysm of abdominal Aorta				INTERVAL BETWEEN ONSET AND DEATH 12 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis		5-10 Yrs.	
	DUE TO (c) Hypertensive Cardiovascular Disease		20 Yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ① Cerebral encephalomalacia due to cerebral thrombosis ② Chronic congestive heart failure.				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 . Month, Day, Year a. m. 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 August 1955 to 21 Dec. 1957 and last saw him alive on 11 Dec 1957 . Death occurred at 11:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Phillip B. Kaul (Degree or title) MD		22b. ADDRESS 411 Nichols Rd		22c. DATE SIGNED 21 Dec 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Stine & McClure ADDRESS Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 12-21-57	26. REGISTRAR'S SIGNATURE neva minshel

(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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Phillip G. Kaul

S. 300
v. 1-56Health,
& Welfare
Public
Service

21

Dec 1-1926
5539 Cantelbury Road
11200 Ave. of Highway

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 Elmer D. Tipton

Licensed Embalmer No. 481

P. O. Address Kansas City

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.