Health, Welfare Public Service

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FILED MAR 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005404

STATE FILE NUMBER 983

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Union Station — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 61 South 16th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JESSIE Middle L Last CANFIELD

4. DATE OF DEATH Month Day Year 2-22-1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH 6-19-79
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) housewife
10b. KIND OF BUSINESS OR INDUSTRY housework
11. BIRTHPLACE (City and state or country) Tonganoxie Kansas.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Mark Todd
13b. MOTHER'S MAIDEN NAME Mary Wheeler
14. NAME OF HUSBAND OR WIFE Lewis Canfield

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 Ina Wolff Address 61 So.16th

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) left bundle branch block
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) auricular fibrillation & cardiac hyperthyroidy
DUE TO (c) arteriosclerotic cardiovascular disease
INTERVAL BETWEEN ONSET AND DEATH 1957
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4330

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 4-29-52 to 2-21-58 and last saw her/him alive on 2-21-58.
Death occurred at ~~2-22-58~~ 7:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maxine T. Brillhart, MD
22b. ADDRESS 1607 Minnesota, Kans.
22c. DATE SIGNED 2-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 2-24-58
23c. NAME OF CEMETERY OR CREMATORY Mt. Morian
23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR WARNICK EADS ADDRESS KANSAS CITY KANSAS.
25. DATE RECD. BY LOCAL REG. 2-24-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Maxine T. Brillhart

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 Leonard Passantino

Licensed Embalmer No. 4554

P. O. Address KC 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.