

Health,  
Welfare  
Public  
Service

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005500

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 468

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE where deceased lived. If institution: Residence before admission a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> <small>(If outside corporate limits give TOWNSHIP only)</small>		c. CITY OR TOWN <u>Kansas City</u> <small>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></small>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>2905 Forest 55 yrs</u>		d. STREET ADDRESS (If outside give location) <u>1114 Penn</u> <small>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></small>	
3. NAME OF DECEASED (Type or print) First <u>Bert</u> Middle <u>Oren</u> Last <u>Folk</u>		4. DATE OF DEATH Month <u>1-</u> Day <u>27-</u> Year <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kansas</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	13c. NAME OF HUSBAND OR WIFE <u>Mary H. Folk</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-10-2262</u>	17. INFORMANT <u>Mary Folk</u> <u>1114 Penn</u>
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>Cerebral Vascular Accident</u> DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>3:14</u>
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.			
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 on <u>30 Dec. 57</u> at <u>5795</u> to <u>Jan 27, 1958</u> and last saw her alive on <u>1/27/58</u> Death occurred at <u>3 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>L.S. Daigle</u> (Degree or title) _____		22b. ADDRESS <u>2122 Truman Rd.</u>	22c. DATE SIGNED <u>1/28/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>1-30-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>not Calvary Cem</u>	23d. LOCATION (City, town, or county) <u>ICC Kane</u> (State) _____
24. FUNERAL DIRECTOR <u>B. Negstman</u> ADDRESS <u>KEMO</u>		25. DATE RECD. BY LOCAL REG. <u>1-29-58</u>	26. REGISTRAR'S SIGNATURE <u>Tom Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

L.S. Daigle

All diseases in Part I must be causally related.



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 *John B. Loggins* .....

Licensed Embalmer No. *4273* .....

P. O. Address *150 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.