

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009887
State File No. 1129

FILED MAR 19 1958

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas city</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland Park</u> 8150	
c. LENGTH OF STAY (in this place) <u>1 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>8721 W 86 terrace</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u>			

3. NAME OF DECEASED a. (First) <u>Carol</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Daniels</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 2 1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 7 1891</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Const Superintendent - Electric</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Naperville Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Daniels</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Saylor</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Daniels</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I</u>		16. SOCIAL SECURITY NO. <u>486-09-9959</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mabel Daniels Overland Park Ka</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe Coronary Insufficiency.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular disease.</u>				<u>2 years</u>	
		DUE TO (c) <u>Myocardial Infarction, healed.</u>				<u>1 year</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from January 19 56, to Mar. 2, 1958, that I last saw the deceased alive on Mar. 2, 1958, and that death occurred at 1:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Nicolaas Jalme M.D.</u>		23b. ADDRESS <u>715 Westport Road</u>		23c. DATE SIGNED <u>2-3-58</u>	
24a. DATE <u>Mar 4 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kans</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>3-3-58 / Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilbur H Hoge Overland Park Ka</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Nicolaas Jalme

APR 3 1958



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
Student Embalmer

Signed J. Royce Hoge

Licensed Embalmer No. 1692

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.