

FILED APR 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010025
STATE FILE NUMBER
1347

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1347

300
1-57

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 MENORAH HOSPITAL		Length of stay in 1b 15 YEARS	d. STREET ADDRESS (If outside, give location) 2018 MAIN STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WALTER ORA KIPP			4. DATE OF DEATH Month Day Year 3 12 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH JAN 6, 1885
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT CLERK	11. BIRTHPLACE (City and state or country) CANTON, OHIO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT CLERK		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN KIPP		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE -
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. 332-03-9625	17. INFORMANT DONALD KIPP. CINCINNATI, OHIO
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 Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Coronary Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day 3 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 March 1955, to March 12, 1958, and last saw him alive on March 11, 1958. Death occurred at 6:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack W. Wolf, M.D.		22b. ADDRESS 409 E. 63 St. Kansas City, Mo	22c. DATE SIGNED 3/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE MARCH 14, 1958	23c. NAME OF CEMETERY OR CREMATORY -
23d. LOCATION (City, town, or county) CINCINNATI		(State) OHIO	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 3-14-58	26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
JACK W. WOLF

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms want be listed. 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

[Handwritten signature]

Signed *[Handwritten signature]*

Licensed Embalmer No. *45889*

P. O. Address. *W.C. 72*

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.