

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010205
STATE FILE NUMBER
1357

FILED APR 2 1958

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

300
-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, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2946 Lister		Length of stay in lb 30 yrs	d. STREET ADDRESS (If outside, give location) 2946 Lister
3. NAME OF DECEASED (Type or print) First Lewis Middle E. Last Sollars		4. DATE OF DEATH Month March Day 13 Year 1958	
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 29, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shopman		10b. KIND OF BUSINESS OR INDUSTRY S W Iron Co	11. BIRTHPLACE (City and state or country) St. Joseph, Mo
13a. FATHER'S NAME Enos Sollars		13b. MOTHER'S MAIDEN NAME Emaline King	14. NAME OF HUSBAND OR WIFE Mrs. Susie Sollars
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. 499-14-1397	17. INFORMANT Mrs. Susie Sollars Address 2946 Lister
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arterio Sclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 hrs 1 yr 4201
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. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Jun 1952 to Mar 13 1958 and last saw him alive on Mar 13 1958 Death occurred at 9:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N.A. Cunningham (Degree or title)		22b. ADDRESS 5018 E 24 KP Mo	22c. DATE SIGNED Mar 14
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial	23b. DATE 3-15-58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri 1958
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS Kansas City		25. DATE RECD. BY LOCAL REG. 3-14-58	26. REGISTRAR'S SIGNATURE Reva Minshall

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE N. A. Cunningham

All diseases in Part I must be causally related.

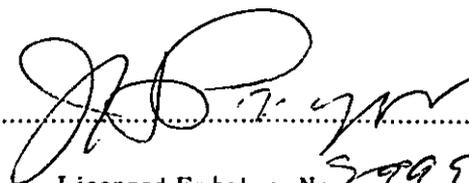
Dr. N. R. Cunningham
5018 E. 24th
PH 1-4480

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 _____


Licensed Embalmer No. 5999
P. O. Address ICC

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.