

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014240

STATE FILE NUMBER 1931

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

5. 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) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. FULL NAME OF (IF NOT in hospital, give location) Little Sisters Home - 134 yrs.		d. STREET ADDRESS (If outside, give location) 5331 Highland
3. NAME OF DECEASED (Type or print) First Lloyd Middle Lee Last Howard			4. DATE OF DEATH Month April Day 13 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 14, 1884	9. AGE (In years last birthday) 72 yrs	10. FUNDER 1 YEAR Months 3 Days 13 Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor		10b. KIND OF BUSINESS OR INDUSTRY Contractor-Builder	11. BIRTHPLACE (City and state or country) Norton, Kas.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME No record		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Nora May Howard	
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. 487-17-6152		17. INFORMANT Address Willard Howard 6223 Indiana	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Paralysis Agilans				INTERVAL BETWEEN ONSET AND DEATH 3 hrs 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis Agilans				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 3:19 Month, Day, Year 5/19/58 o.m. 58 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.) 3/19/58	
20f. CITY, TOWN, OR LOCATION 4/13/58		COUNTY 4/12/58		STATE	
21. I attended the deceased from 3/19/58 to 4/13/58 and last saw him alive on 4/12/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Decedent or title) Joseph A. Fogarty			22b. ADDRESS 5811 Truman Rd. N. E. 66 Mo		22c. DATE SIGNED 4/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Hickman Miss. Mo.	
24. FUNERAL DIRECTOR ADDRESS Thomas E. Quirk 6900 Troost Ave.			25. DATE RECD. BY LOCAL REG. 4-15-58	26. REGISTRAR'S SIGNATURE Neva Minshall	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Joseph A. Fogarty

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will 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

Signed [Handwritten Signature]

Licensed Embalmer No. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.