

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014622  
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 146 Primary Registration District No. 5378 Registrar's No. 175

S. 300  
v. 1-57

7000

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Blue</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Independence</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rte #2 Indep., Mo.</b>			Length of stay in 1b <b>25 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>Rte #2 Indep., Mo.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Martin</b> Middle <b>S.</b> Last <b>Prime</b>				4. DATE OF DEATH Month <b>April</b> Day <b>15</b> Year <b>1958</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 19, 1905</b>		9. AGE (In years last birthday) <b>52</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Sedalia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Warren Prime</b>			13b. MOTHER'S MAIDEN NAME <b>Maude Jones</b>			14. NAME OF HUSBAND OR WIFE <b>Louise Prime</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>			16. SOCIAL SECURITY NO. <b>487 07 8486</b>		17. INFORMANT Address <b>Mrs. Louise Prime Independence, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Sudden death</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Generalized Arteriosclerosis</b>		DUE TO (c) <b>Diabetes Mellitus 4201</b>		10 yrs 8 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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.) <b>_____</b>						
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 from <b>Apr 10 57</b> to <b>Apr 15 58</b> and last saw <b>Kim</b> alive on <b>Mar 26 58</b> Death occurred at <b>12:30 P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Eldon S Miller</b> (Degree or title) <b>MD</b>				22b. ADDRESS <b>7311m Kansas City Kan</b>		22c. DATE SIGNED <b>Apr 16 58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>April 18, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		(State)	
24. FUNERAL DIRECTOR ADDRESS <b>Geo. C. Carson &amp; Sons Independence, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-18-58</b>		26. REGISTRAR'S SIGNATURE <b>Jane [Signature]</b>			

APR 22 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 ..... Signature of Student Embalmer

Signed *C. Ray Lenderbach* Licensed Embalmer No. *5027* P. O. Address *Indeys, 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.