

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018086

STATE FILE NUMBER

2389

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City  |  | c. CITY OR TOWN Kansas City  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF DECEASED (If not in hospital or institution) Nellie Cody          |  | d. STREET ADDRESS (If outside, give location) 5012 Forest  |  |
| HOSPITAL OR INSTITUTION 5331 Highland   |  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 8yrs.   |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Nellie C O D Y |  |  | 4. DATE OF DEATH<br>Month Day Year<br>May 10, 1958 |  |  |
|--|--|--|--|--|--|

|                  |                           |   |                                   |                                       |   |                      |
|------------------|---------------------------|---|-----------------------------------|---------------------------------------|---|----------------------|
| 5. SEX<br>Female | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Dec. 22, 1864 | 9. AGE (In years last birthday)<br>93 | 10. FUNDER 1 YEAR<br>Months Days Hours Min. | 11. IF UNDER 24 HRS. |
|------------------|---------------------------|---|-----------------------------------|---------------------------------------|---|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Homemaker | 10b. KIND OF BUSINESS OR INDUSTRY<br>Home | 11. BIRTHPLACE (City and state or country)<br>Tip Town Ill. | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A. |
|--|---|---|--|

|                                    |  |                                     |
|------------------------------------|--|-------------------------------------|
| 13a. FATHER'S NAME<br>Patrick Cody | 13b. MOTHER'S MAIDEN NAME<br>Margaret Brophy | 14. NAME OF HUSBAND OR WIFE<br>none |
|------------------------------------|--|-------------------------------------|

|   |                                 |  |
|---|---------------------------------|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service)<br>No None | 16. SOCIAL SECURITY NO.<br>None | 17. INFORMANT<br>Edward J. Cody 5012 Forest K.C. Mo. |
|---|---------------------------------|--|

|   |                                     |   |
|---|-------------------------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Broncho pneumonia</i> |                                     | INTERVAL BETWEEN ONSET AND DEATH<br><i>3 days</i><br><i>10 days</i><br><i>16 yrs</i>              |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <i>Arterio sclerosis</i> |   |
|   | DUE TO (c) <i>Hypertension</i>      |   |
| 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?<br>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.) |
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|---|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. |
|---|

|   |  |   |
|---|--|---|
| 20d. INJURY OCCURRED WHILE AT <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 *3/19/58* to *5/10/58* and last saw her alive on *5/9/58*  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

|  |   |                                |
|--|---|--------------------------------|
| 22a. SIGNATURE<br><i>Joseph A. Fogarty</i> | 22b. ADDRESS<br><i>5812 Inwood St. St. Louis, Mo.</i> | 22c. DATE SIGNED<br>May 11, 58 |
|--|---|--------------------------------|

|  |                           |  |   |
|--|---------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal | 23b. DATE<br>May 11, 1958 | 23c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery | 23d. LOCATION (City, town, or county) (State)<br>St. Louis, Mo. |
|--|---------------------------|--|---|

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|---|---|--|
| 24. FUNERAL DIRECTOR<br>Mellody-McGilley-Eylar K. C., Mo. | 25. DATE RECD. BY LOCAL REG.<br>5-11-58 | 26. REGISTRAR'S SIGNATURE<br><i>Nevar Marshall</i> |
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300 5  
1-57

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Joseph A. Fogarty

*J. F. Foyant*  
*1971*  
*when signed*

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 *Melvin Barter*

Licensed Embalmer No. *4903*  
P. O. Address *NC 740*

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.