

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018170
STATE FILE NUMBER
1958

FILED MAY 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1987

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. 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 Crestwood Med. Hosp		Length of stay in lb 52 yrs.	d. STREET ADDRESS 3722 E. 27th St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EMMA Middle W Last FORD			4. DATE OF DEATH Month April Day 17 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 880 Dec. 5, 1877	9. AGE (In years last birthday) 80 77 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Manager		10b. KIND OF BUSINESS OR INDUSTRY Variety Store	11. BIRTHPLACE (City and state or country) Shubert, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Thomas Quiggle		13b. MOTHER'S MAIDEN NAME Carey LeFise		14. NAME OF HUSBAND OR WIFE Otho H. Ford	
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. 497-36-6882		17. INFORMANT Address Otho H. Ford 3722 E. 27th St. - K. C., Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 491 1/2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Infection, upper respiratory					
DUE TO (c) _____					
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.)		
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"/> 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 4-14-58 to 4-17-58 and last saw her/him alive on 4-17-58 Death occurred at 9 42 pm m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George V. Feist M.D.			22b. ADDRESS 702 Professional Bldg. - K. C. Mo		22c. DATE SIGNED 4-18-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE 4-21-58	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar - K. C., Mo.		25. DATE RECD. BY LOCAL REG. 4-18-58	26. REGISTRAR'S SIGNATURE newa minshall		

All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 George V. Feist

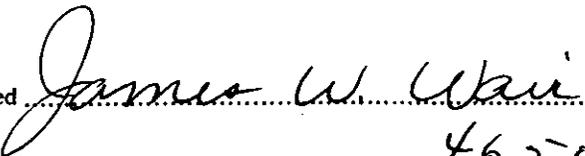
In Till  Prof. Blly.
30 June

W 2-8444

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. 4620
P. O. Address K.C., 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.