

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018173

STATE FILE NUMBER 2338

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) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NEUROLOGICAL HOSPITAL		d. STREET ADDRESS (If outside, give location) 5100 THE PASSED	
3. NAME OF DECEASED (Type or print) SUTCLIFFE CLIFFORD		4. DATE OF DEATH MAY 5 1958	
5. SEX MALE		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 JULY 16 1885	
9. AGE (In years last birthday) 72		10. FUNDER 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) CHECKING CONCRESSION		10b. KIND OF BUSINESS OR INDUSTRY HOTEL MUEHLBACH	
11. BIRTHPLACE (City and state or country) CORNWALL, ONTARIO CANADA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME LEVI FORTIES		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE MRS. SALLIE FORTIES		15. WAS DECEASED EVER IN U. S. ARMED FORCES? NO	
16. SOCIAL SECURITY NO. 497-36-6401A		17. INFORMANT MRS. SALLIE FORTIES	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute congestive heart failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis generalised</i>		<i>years</i>	
DUE TO (c) <i>asthma, bronchial</i>		<i>4500</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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 <i>4-23-58</i> to <i>5-5-58</i> and last saw him alive on <i>5-5-58</i> Death occurred on <i>1 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>George W. Houck, M.D.</i>	
22b. ADDRESS <i>Kansas City, Mo.</i>		22c. DATE SIGNED <i>5-6-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>MAY 8 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>MOUNGROVE CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>INDEPENDENCE MISSOURI</i>	
24. FUNERAL DIRECTOR <i>D.W. NEWCOMERS SONS</i>		25. DATE RECD. BY LOCAL REG. <i>5-8-58</i>	
ADDRESS <i>1331 800TH CREEK KANSAS CITY, MO.</i>		26. REGISTRAR'S SIGNATURE <i>neva minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

George W. Houck

MEDICAL CERTIFICATION

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 *Albert R. Savage*

Licensed Embalmer No. *48712*
P. O. Address *Kansas*

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.