

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018305

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2377

S. 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		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 Kelly Rest Home		Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 1333 VanBrunt Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cora Middle Last Kerr			4. DATE OF DEATH Month May Day 9 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 12, 1864		9. AGE (In years last birthday) 94
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) DeKalb, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John M. Cairns		13b. MOTHER'S MAIDEN NAME Salome White		14. NAME OF HUSBAND OR WIFE Charles M. Kerr	
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. none	17. INFORMANT Address Hallie Kneedler 1331 Van Brunt Blvd.		
18. CAUSE OF DEATH (Cause only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Atherosclerotic Cerebrovascular Disease			years
		DUE TO (c) Generalized Atherosclerosis			years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerotic Coronary Artery Disease					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 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 10-8-56 to 5-9-58 and last saw her/him alive on 5-9-58 Death occurred at 3:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert L. Ward, M.D. (Degree or title)			22b. ADDRESS 4126 St. John		22c. DATE SIGNED 5-10-58
23a. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify) Burial	23b. DATE May 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Woods Chapel Cemetery		23d. LOCATION (City, town, or country) (State) Lees Summit, Missouri	
24. FUNERAL DIRECTOR Earp & Sons 4707 Truman Rd. K. C. Mo.			25. DATE RECD. BY LOCAL REG. 5-10-58		26. REGISTRAR'S SIGNATURE Irene Minshall

(Licensed Embalmer's Statement on Reverse Side)

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
MEDICAL CERTIFICATION
Robert L. Ward

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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 *John B. [Signature]*

Licensed Embalmer No. *2955*

P. O. Address *11 C. [Signature]*

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.