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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025411
STATE FILE NUMBER 3159

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Length of stay in Ib. 18 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1421½ Grand Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: GENEVIEVE Middle: P. Last: CORKILL
4. DATE OF DEATH Month June Day 27 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-30-1905
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR Months ~~3~~ Days ~~28~~ — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dress Maker
10b. KIND OF BUSINESS OR INDUSTRY Klines Dept Store
11. BIRTHPLACE (City and state or country) Chapman, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Quirk
13b. MOTHER'S MAIDEN NAME Pauline O'Connor
14. NAME OF HUSBAND OR WIFE Robert O. Corkill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 496-26-3971
17. INFORMANT Robert O. Corkill, Address 1421½ Grand Ave K.C. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) — 4201
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner 3
22b. ADDRESS 1034 Realty Bldg
22c. DATE SIGNED 6-27-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 30/58
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem.
23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Son's Indep. Mo.
25. DATE RECD. BY LOCAL REG. 6-27-58
26. REGISTRAR'S SIGNATURE Neva 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

Hugh H. Owens

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.....

P. O. Address.....

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.