

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025459

STATE FILE NUMBER

FILED JUL 25 1958 Station District No. 149 Primary Registration District No. 1002 Registrar's No. 3261

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 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 1107 W. 47 <sup>TH</sup> ST. Length of stay in lb 29 YEARS		d. STREET ADDRESS (If outside, give location) 1107 W. 47 <sup>TH</sup> ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last JESSE TANDY EMBREE			4. DATE OF DEATH Month Day Year JUNE 30 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 DEC, 1882
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET MAKER & RETIRED GROCERY		9b. KIND OF BUSINESS OR INDUSTRY RANDOLPH COUNTY, Mo	9c. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET MAKER & RETIRED GROCERY		10b. KIND OF BUSINESS OR INDUSTRY RANDOLPH COUNTY, Mo	10c. AGE (In years last birthday) 75
11. BIRTH PLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME ALICE EMBREE	14. NAME OF HUSBAND OR WIFE MRS. JESSIE FAY EMBREE
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. 489-24-1390	17. INFORMANT Mrs. JESSIE F. EMBREE Address 7 W. 47 <sup>TH</sup> ST. KANSAS CITY, 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) Acute Coronary Artery Occlusion DUE TO (b) Coronary Insufficiency (Artery) DUE TO (c) Myocardial Regeneration PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Reflex Aortic Dissection			INTERVAL BETWEEN ONSET AND DEATH 2 hrs 4 hrs 8 hrs
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 7-1-58 to 6-30-58 and last saw her/him alive on 6-30-58. Death occurred at 5:22 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Wm. W. Thompson		22b. ADDRESS 621 S. Hospital St.	22c. DATE SIGNED 7-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE July 2, 1958	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SON ADDRESS 1331 BRUNNENWALD DR. KANSAS CITY, Mo.		25. DATE RECD. BY LOCAL REG. 7-2-58	26. REGISTRAR'S SIGNATURE neva trinchall

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.

Wm. W. Thompson MD. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE 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 *James W. Brown* .....

Licensed Embalmer No. *4859* .....

P. O. Address *A. C. 70* .....

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.