

Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029231

STATE FILE NUMBER

3829

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3829

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
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 8150 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 307 North 18th St.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FRANK ELMER PREECE			4. DATE OF DEATH Month Day Year August 7, 1958		
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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 28, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman	10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.	11. BIRTHPLACE (City and state or country) New York	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Preece	13b. MOTHER'S MAIDEN NAME Alice Cox	14. NAME OF HUSBAND OR WIFE Agnes Preece
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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. 712-03-3094	17. INFORMANT Mrs Agnes Preece	Address 307 N. 18th K.C.K
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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 Anterior Myocardial Infarction DUE TO (b) Coronary Sclerosis DUE TO (c) Posterior Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 10 days years 3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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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
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21. I attended the deceased from 7-29-58, to 8/7/58 and last saw him alive on 8-7-58
Death occurred at 4:25 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Emery R. Calovich	(Degree or title)	22b. ADDRESS 20 J. C. Nichols Pkwy Rialto Bldg. K.C. Mo	22c. DATE SIGNED 8/8/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8/9/58	23c. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	23d. LOCATION (City, town, or county) (State) K.C.Ks.
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24. FUNERAL DIRECTOR JOS. A. BUTLER'S SONS	ADDRESS K.C.K	25. DATE RECD. BY LOCAL REG. 8-9-58	26. REGISTRAR'S SIGNATURE Irene Minshall
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(Licensed Embalmer's Statement on Reverse Side)

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

Emery R. Calovich USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

S. 300
v. 1-57

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. 3426 MO

P. O. Address KCK

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.