

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029285
STATE FILE NUMBER
4002

FILED SEP 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4002

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 3240 NORTZ BGE INSTITUTION NORTHEAST RESTORUM		Length of stay in lb 20 YEARS	d. STREET ADDRESS 5228 Paseo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES A. TIVOL			4. DATE OF DEATH Month Day Year Aug. 18 - 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 APRIL 16, 1898
9. AGE (In years last birthday) 60		IF UNDER 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) OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY CIGAR STAND	11. BIRTHPLACE (City and state or country) RUSSIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME JACOB TIVOL	
13b. MOTHER'S MAIDEN NAME ETHEL UNKNOWN		14. NAME OF HUSBAND OR WIFE FRANCES TIVOL	
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. 488-36-3148	17. INFORMANT Address MRS FRANCES TIVOL, 5228 PASEO, K. C. 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) CORONARY ARTERY THROMBOSIS			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) CORONARY ARTERY ATHEROSCLEROSIS			4201
DUE TO (c) _____			
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 checked="" 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 Kansas City Jackson MO	
21. I attended the deceased from Jan. 58 to Aug. 58 and last saw him alive on Aug 17, 1958 Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE G. L. Shireman MD (Degree or title)		22b. ADDRESS 4606 St. John K.C. Mo	
22c. DATE SIGNED 8-19-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE AUG. 20. 1958	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMERS SONS-KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 8-19-58	
		26. REGISTRAR'S SIGNATURE neva munsell	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

K. L. Shireman



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. Larson*

Licensed Embalmer No. *4889*

P. O. Address *A. C. No.*

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.