

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032627
STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4494

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) 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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1108 Forest		Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 1108 Forest

3. NAME OF DECEASED (Type or print) First Middle Last Le Roy Donald			4. DATE OF DEATH Month Day Year 9-21-58		
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 4-20-24	9. AGE (In years) 34 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done for most of time, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Welding Shop	11. BIRTHPLACE (City and state or country) Lenoirville, Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Donald	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Dorothy Donald
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give branch or dates of service) Yes	16. SOCIAL SECURITY NO. 437-22-2503	17. INFORMANT Dorothy Address Mrs. Dorothy Mae Donald KE 700

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>coronary thrombosis</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) _____		INTERVAL BETWEEN ONSET AND DEATH 4200
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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.) ITEM 14, 17 CORRECTED BY AFFIDAVIT OF <u>Informant</u> 2-5-59 del
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20c. TIME OF INJURY Hour Month, Day, Year 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
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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 <u>Geo. C. Kealhofer</u> (Degree or title)	22b. ADDRESS 6027 Pleasant Hill	22c. DATE SIGNED 9-22-58
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial	23b. DATE 9-24-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Bur.	23d. LOCATION (City, town, or county) Kansas City	(State) Mo.
24. FUNERAL DIRECTOR H. Legeman & Sons	ADDRESS KE 700.	25. DATE RECD. BY LOCAL REG. 9-23-58	26. REGISTRAR'S SIGNATURE neva minshall	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-57



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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 *JK LeRoy Mooney*

Licensed Embalmer No. *4776*

P. O. Address *K. P. Mooney*

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.