

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032849

STATE FILE NUMBER

FILED SEP 16 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4081

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo 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 R R tracks 65 Manchester		Length of stay in 1b 25 yrs	d. STREET ADDRESS (If outside, give location) 5720 Colorado Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY MAPLES			4. DATE OF DEATH Month Day Year 8/23/58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/25/1900 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Unempl.	11. BIRTHPLACE (City and state or country) Omaha, Nebr
12. CITIZEN OF WHAT COUNTRY? U S A		14. NAME OF HUSBAND OR WIFE Anna Maples	
13a. FATHER'S NAME John Maples		13b. MOTHER'S MAIDEN NAME Lula Jane Beamer Beamer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Minnie Jinsen		Address 87th & Bennington	
18. CAUSE OF DEATH (Enter only one cause prevailing for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock & hemorrhage resulting from crushing injury of chest. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) abdomen, pelvis & legs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 80-1 35
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" 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.) Was run over by train	
20c. TIME OF INJURY 9:50 p.m. 8-23-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Richard	
20e. CITY, TOWN, OR LOCATION Kansas City, Jackson		20f. COUNTY STATE Mo	
21. I attended the deceased from _____, to _____ and last saw 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 Dr. C. C. Kealhofer		22b. ADDRESS 6627 Prospect Ave	
22c. DATE SIGNED 8-25-58		22d. (Degree or title) 3	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/26/58	
23c. NAME OF CEMETERY OR CREMATORY Union		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home		ADDRESS K.C. Mo	
25. DATE RECD. BY LOCAL REG. 8-26-58		26. REGISTRAR'S SIGNATURE neva minshell	

(Licensed Embalmer's Statement on Reverse Side)

Geo. C. C. Kealhofer

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *J.P. Sheil*

Licensed Embalmer No. *3625*

P. O. Address *K.C. Mo*

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.