Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036467
STATE FILE NUMBER 4925

FILED NOV 7 1958 Registration District No. 149 Primary Registration District No. 1062 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Marys — Length of stay in 1b 18 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes # No
d. STREET ADDRESS (If outside, give location) 3408 Cherry — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print) First James Middle Ray Last Kyzar

4. DATE OF DEATH Month Oct. Day 19, Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED # NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Jan.9,1898
9. AGE (In years of 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) Tarriff Compiler
10b. KIND OF BUSINESS OR INDUSTRY K.C.Southern Rwy.
11. BIRTHPLACE (City and state or country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andy Kyzar
13b. MOTHER'S MAIDEN NAME Alice Cole
14. NAME OF HUSBAND OR WIFE Lucy Gertrude Kyzar

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) W.W.1 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 703-12-7432
17. INFORMANT Lucy Gertrude Kyzar Address 3408 Cherry K.C.Mo.

MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10-hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None — 4:01

19. WAS AUTOPSY PERFORMED? YES NO X 2

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 October 18, 1958 Oct 19, 1958 and last saw him alive on Oct. 18-58
Death occurred at 12 05 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl D. Enna M.D.
22b. ADDRESS Argyle Bldg. Kansas City, Missouri
22c. DATE SIGNED Oct 19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10/20/58
23c. NAME OF CEMETERY OR CREMATORY Forest Park
23d. LOCATION (City, town, or county) (State) Shreveport La.

24. FUNERAL DIRECTOR ADDRESS Stine & McClure K.C.Mo.
25. DATE RECD. BY LOCAL REG. 10-19-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl D. Enna

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 Eugene L. [illegible]

Licensed Embalmer No. 4637

P. O. Address [illegible]

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.