

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039200
State File No.

FILED NOV 19 1958

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5226 Registrar's No. 154

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE D.C. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Grandview		c. LENGTH OF STAY (in this place) 13 days	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 328th USAF Hosp.		STREET ADDRESS (If rural, give location) 201 Jameson S.E.	

3. NAME OF DECEASED (Type or Print) ETHEL Maud			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Dec 8 1958			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec 8, 1889		9. AGE (In years last birthday) 68		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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Lead, S.D.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Irving		13b. MOTHER'S MAIDEN NAME Townsend		14. NAME OF HUSBAND OR WIFE John Charles	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert Newsome, 11300E48 Terrace, KC, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		13 days
	ANTECEDENT CAUSES DUE TO (b) Embolus from heart		13 days
DUE TO (c) Arteriosclerotic heart disease		10 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

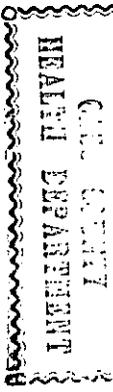
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 26 Oct, 1958, to 8 Nov, 1958, that I last saw the deceased alive on 2 Nov, 1958, and that death occurred at 5:58 A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard R. MacDonell</i> Capt. USAF (MC)		23b. ADDRESS Richards-Gebaur AFB, Mo.		23c. DATE SIGNED 8 Nov 1958	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 11-11-1958		24c. NAME OF CEMETERY OR CREMATORY Floral Hills Mem. Gardens	
				24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 11-13-58		REGISTRAR'S SIGNATURE <i>Presley Anderson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Mem. Chapel. K.C. Mo.	
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Embalmer's Statement on Reverse Side



ADAM 2 0 1959

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. *D. J. Nofsinger*

Licensed Embalmer No. *395*

P. O. Address *J. C. ...*

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.