

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039797

STATE FILE NUMBER 5030

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5030

300
1-57

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 INSTITUTION 1634 Jefferson Ave.		Length of stay in lb 11 Years	d. STREET ADDRESS (If outside, give location) 1634 Jefferson Ave		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cora Middle Opal Last Antill			4. DATE OF DEATH Month Oct. Day 25, Year 1958		
5. SEX Female	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 July 21, 1888	9. AGE (In years last birthday) 70	FUNDER 1 YEAR Months Days 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 Housewife	11. BIRTHPLACE (City and state or country) Neb.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Northrup		13b. MOTHER'S MAIDEN NAME Sarah Sears		14. NAME OF HUSBAND OR WIFE —	
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. UNK		17. INFORMANT Address Mr. James Miller, Neosho, 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) Anoxia					INTERVAL BETWEEN ONSET AND DEATH acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) acute pulmonary edema					
DUE TO (c) acute congestive heart failure					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to immediate cause as in PART I (a) mild diabetes					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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	
21. I attended the deceased from 1950 to death and last saw ^{her} him alive on Oct 25 - 1958 Death occurred at 10:05 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE S I Whim (Degree or title)			22b. ADDRESS 326 W 12th St, Mo		22c. DATE SIGNED 10-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Howard Cemetery		23d. LOCATION (City, town, or county) (State) Goodman, Missouri
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home, Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE neva minshall	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S. I. Whim



*DeWine
127th & Broadway*

no 2-4740

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 *Thomas A. DeWine*

Licensed Embalmer No. *4854*

P. O. Address *KC 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.