

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039977
STATE FILE NUMBER
5296

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5296

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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.C. OSTEOPATHIC HOSP.		d. STREET ADDRESS (If outside, give location) 1625 CHELSEA AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN EDWARD HAND		4. DATE OF DEATH Month Day Year NOV. 6, 1958	
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 AUGUST 24, 1892
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED EMPLOYEE - RESTAURANT WEIGHT BUREAU		11. BIRTHPLACE (City and state or country) MOUNT OLIVE ILLINOIS	
10b. KIND OF BUSINESS OR INDUSTRY INSPECTION		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME HIRAM HAND		13b. MOTHER'S MAIDEN NAME JANETIA SIMON MARIE HAND	
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. 495-03-769	
17. INFORMANT Mrs. MARIE HAND - KANSAS CITY, MO		Address 1625 CHELSEA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - (at labor) DUE TO (b) Post Operative DUE TO (c) Acute Cholecystitis - (obstruction head of pancreas) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c) (bacteremic shock) peritonitis 157%			INTERVAL BETWEEN ONSET AND DEATH 4 days 4 days 4 days
19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input 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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. 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	
21. I attended the deceased from Nov 1 - 1958 to Nov 6 - 58 and last saw him alive on Nov 6 - 1958 Death occurred at 1:45 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE Olaf Coleman (Degree or title)		22a. ADDRESS 5811 Sumner Rd KCMO	
22b. DATE SIGNED 11-7-58		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE NOV. 8 - 1958	
23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23d. LOCATION (City, town, or country) (State) KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		25. DATE RECD. BY LOCAL REG. 11-8-58	
26. REGISTRAR'S SIGNATURE New Marshall		ADDRESS 1331 BRUSH CREEK KANSAS CITY	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Autopsies in Part I must be causally related.

Olaf Coleman

7th 3 4404

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 *Vern Lawler*

Licensed Embalmer No. *4915*

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.