

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040111
STATE FILE NUMBER 5371

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 Osteopathic Hosp		d. STREET ADDRESS (If outside, give location) 4004 Olive	
3. NAME OF DECEASED (Type or print) First Mable Middle Nail Last Nail		4. DATE OF DEATH Month Nov. Day 9, 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 May 18, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Gerard, Kansas
13a. FATHER'S NAME Robert Andis		13b. MOTHER'S MAIDEN NAME Sarepta Unknown	14. NAME OF HUSBAND OR WIFE Edward Nail
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 Mrs Pearl Hammond Kansas City, 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) Medullary Paralysis			INTERVAL BETWEEN ONSET AND DEATH 10-17-1958
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cerebral Infarction			to
DUE TO (c) Cerebral Vascular Thrombosis			11-9-1958
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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.) 3324	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 10-17-1958 to 11-9-1958 and last saw her/him alive on 11-8-1958 Death occurred at 11-9-1958 12:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Benjamin Kraut (Degree or title) D.O.		22b. ADDRESS 10011 E 63 Raytown, Mo	
22c. DATE SIGNED 11/9/1958			
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 9, 1958	23c. NAME OF CEMETERY OR CREMATORY —	23d. LOCATION (City, town, or county) (State) Sallisaw, Oklahoma
24. FUNERAL DIRECTOR Stine & McClure Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 11-8-58	26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Benjamin Kraut



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 *Elmer D. Triplett*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City, 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.