

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040241

STATE FILE NUMBER

3209

FILED NOV 19 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI 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 ST. JOSEPH'S HOSPITAL		Length of stay in 1b 41 YEARS	d. STREET ADDRESS (If outside, give location) 912 EAST 12 TH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL JEFFERSON TOWN			4. DATE OF DEATH Month Day Year OCT. 31, 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 AUG. 10, 1879	9. AGE (In years last birthday) 79	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STREET CAR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY POLICE DEPARTMENT		11. BIRTHPLACE (City and state or country) SMITHVILLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME WILLIAM TOWN		13b. MOTHER'S MAIDEN NAME ANNIE COX		14. NAME OF HUSBAND OR WIFE MRS. MAY TOWN	
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. 486-07-5216	17. INFORMANT Address MRS. MAY TOWN 912 EAST 29 TH STREET KANSAS CITY, MISSOURI		
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 Insufficiency					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis					1 year
DUE TO (c) Spasm of Aortic Artery					10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarction & Fibrosis, old					19. WAS AUTOPSY PERFORMED? 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 28 Oct 58, to 31 Oct 58 and last saw him alive on 30 Oct 58 Death occurred at 3:18 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dated of time) R. Glenn Elliott MD			22b. ADDRESS 1102 Grand KC 6 MO		22c. DATE SIGNED OCT 31 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE NOV. 3. 1958	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BASHOR CREK KANSAS CITY MO	25. DATE RECD. BY LOCAL REG. 11-3-58		26. REGISTRAR'S SIGNATURE new Marshall

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
R. Glenn Elliott MD USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Basil V. Honey*

Licensed Embalmer No. *4724*
P. O. Address *N. C., 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.