

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044098
STATE FILE NUMBER 5746

FILED DEC 30 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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 518
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3430 Euclid Ave.		Length of stay in 1b 4 YEARS	d. STREET ADDRESS (If outside, give location) 3430 Euclid Ave
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last STELLA MAE FOIDEL			4. DATE OF DEATH Month Day Year DEC. 3, 1958		
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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 SEPT. 10, 1866	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME MAKER	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) Tingley, IOWA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JACOB COFFIN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE GEORGE FOIDEL
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year and unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 498-24-8744D	17. INFORMANT Address 6237 WAIROND L. A. LESTER - KANSAS CITY, MISSOURI
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitral regurgitation		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertension Old Age		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from 1950 to Dec 3, 1958 and last saw her alive on Sept. 6, 1958 Death occurred at 5:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (If agree or title) James W. Graham	22b. ADDRESS M. D. 518 Argyle Bldg. K C Mo	22c. DATE SIGNED 12/4/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC 6, 1958	23c. NAME OF CEMETERY OR CREMATORY ASHLAND	23d. LOCATION (City, town, or county) (State) ST. JOSEPH MISSOURI
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS - KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-5-58	26. REGISTRAR'S SIGNATURE neva minshall
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(Licensed Embalmer's Statement on Reverse Side)

James W. Graham USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION All causes in Part I must be causally related.

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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 *K 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.