Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005741
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 947

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RESEARCH HOSPITAL — Length of stay in 1b 39 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5624 FOREST AVENUE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOHN Middle EVERETT Last MAZE

4. DATE OF DEATH Month FEBRUARY Day 17 Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH JANUARY 13, 1878
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY LIVESTOCK EXCHANGE
11. BIRTHPLACE (City and state or country) DADE COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME T. A. MAZE
13b. MOTHER'S MAIDEN NAME SUE QUARLS
14. NAME OF HUSBAND OR WIFE Stella Maze

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-07-7312
17. INFORMANT Address Vestal Maze, 5624 Forest, K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arterio sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) acute coronary thrombosis — 2 hr
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Dec 1958, to Feb 17 1959 and last saw her/him alive on Feb 17, 1959
Death occurred at 7:40 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. G. Kettner (Degree or title) M.D.
22b. ADDRESS Kansas City Mo
22c. DATE SIGNED 2/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 20, 1959
23c. NAME OF CEMETERY OR CREMATORY Morris Cemetery
23d. LOCATION (City, town, or county) Dadeville (State) Missouri

24. FUNERAL DIRECTOR D.W.Newcomer's Sons ADDRESS 1331 BRUSH CREEK K.C., Mo.
25. DATE RECD. BY LOCAL REG. 2-19-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E.G.Kettner

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 ..... Signed Chester K. Brown
Signature of Student Embalmer

Licensed Embalmer No. K931
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.