

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009706
STATE FILE NUMBER
1368

FILED APR 2 1959

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 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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4720 Bryan Ford Road		Length of stay in lb V	d. STREET ADDRESS (If outside, give location) 4720 BRYAN FORD RD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM TREECE			4. DATE OF DEATH Month Day Year MARCH 14, 1959		
5. SEX MALE <input type="checkbox"/>	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 29, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) McALLISTER SPRINGS, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME NOT KNOWN		13b. MOTHER'S MAIDEN NAME ALICE DRAKE		14. NAME OF HUSBAND OR WIFE NORA TREECE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS NADINE SHULL Address 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) Anemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pyelonephritis DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 12 days 6:00
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.)			
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 3-3-59 to 3-11-59 and last saw him alive on 3-11-59 Death occurred at 3-14-59 - 5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Elmer G. Stegman M.D.			22b. ADDRESS Raytown Mo		22c. DATE SIGNED 3-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE MAR 16, 1959	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) SEDALIA, MISSOURI		
24. FUNERAL DIRECTOR Address Wheeler Funeral Home Sedalia		25. DATE RECD. BY LOCAL REG. 3-14-59	26. REGISTRAR'S SIGNATURE Neva Minchell		

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Elmer G. Stegman

S. C. B. T. 10/10/57

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 *Ralph E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Sedalia, 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.