THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013405

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1875

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR OTHER INSTITUTION RIVERVIEW NURSING HOME — Length of stay in 1b 71 yrs.

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2407 INDEP. AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ALBERT Middle: MORRIS Last: LOWE

4. DATE OF DEATH Month: APRIL Day: 12 Year: 1959

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH MARCH 16, 1872

9. AGE (In years last birthday) 87 — 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) TAILORING

10b. KIND OF BUSINESS OR INDUSTRY SELF

11. BIRTHPLACE (City and state or country) CLOUD COUNTY, KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE GRACE LOWE

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. ****

17. INFORMANT JOHN RICHMOND Address 2611½ INDEP. AVE.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Heart Attack — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Nephritis — unknown
DUE TO (c) Arterial fibrillation — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331

19. WAS AUTOPSY PERFORMED? YES ☐ 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 1954, to 4-12-59 and last saw him alive on 4-10-59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. H. Kelly (Degree or title) M.D.

22b. ADDRESS 402 Wabash.

22c. DATE SIGNED 4-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 4/15/59

23c. NAME OF CEMETERY OR CREMATORY MT; MORIAH CEMETERY

23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO;

24. FUNERAL DIRECTOR C. H. BLACKMAN & SON INC. ADDRESS K.C.Mo;

25. DATE RECD. BY LOCAL REG. 4.14.59

26. REGISTRAR'S SIGNATURE neva Marshall

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. H. Kelly

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed W. C. Binne

Licensed Embalmer No. 4879

P. O. Address K.C.M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.