

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013599

FILED APR 20 1959

Registration District No.

147

Primary Registration District No.

1002

STATE FILE NUMBER

1588

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) . HOSPITAL OR INSTITUTION 6805 Edgevale Rd			Length of stay in 1b 86 years		d. STREET ADDRESS (If outside, give location) 7621 HOLMES
3. NAME OF DECEASED (Type or print) First HELEN Middle REED Last WALES			4. DATE OF DEATH Month MAR. Day 25 Year 1959		
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 DEC. 5 - 1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE-AT HOME		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) PORTLAND, MAINE		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME S. Albert Reed		13b. MOTHER'S MAIDEN NAME Anna		14. NAME OF HUSBAND OR WIFE Salem H. Wales	
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. None		17. INFORMANT MRS. ARTHUR E. HOWELL Address 6805 Edgevale Rd 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) Cerebral Vascular Accident					INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis					
DUE TO (c) generalized Arteriosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3314					
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 a.m. Month, Day, Year 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 9-20-1949 to 3-25-1959 and last saw her alive on 3-24-59 Death occurred at 12:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) W. A. Slentz, M.D.			22b. ADDRESS 4620 Nichols Pky. K.C. Mo.		22c. DATE SIGNED 3-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mch. 27, 1959	23c. NAME OF CEMETERY OR CREMATORIUM Forest Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR D.W. NEWCOMERS ADDRESS 1331 BRUSH CREEK BLVD. SOUS-KANSAS C.TY			25. DATE RECD. BY LOCAL REG. 3-27-59		26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
W. A. Slentz

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 *Norman W. Johnson*

Licensed Embalmer No. *4889*.....
P. O. Address *J.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.