

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021253

FILED JUL 8 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2982

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>330 S. Jackson</i>		Length of stay in 1b-3 <i>17 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>330 S. Jackson</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Allen</i> Middle <i>Monroe</i> Last <i>Cage</i>			4. DATE OF DEATH Month <i>6</i> Day <i>18</i> Year <i>1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 23-1890</i>
9. AGE (In years last birthday) <i>69</i>		IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i>	IF UNDER 24 HRS Hours <i>-</i> Min. <i>-</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Income Tax</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. State</i>	11. BIRTHPLACE (City and state or country) <i>Salem, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Wilson Cage</i>	
13b. MOTHER'S MAIDEN NAME <i>Elizabeth Jadwin</i>		14. NAME OF HUSBAND OR WIFE <i>Alma Cage</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>498-16-4829</i>	17. INFORMANT <i>Mrs. Alma Cage</i> Address <i>330 S. Jackson K.C. Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart dis.</i> DUE TO (b) <i>Myocardial Infarction, old, three</i> DUE TO (c) <i>4200</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Prostatic Ureter; Prostatic Hypertrophy</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12+ yrs</i> <i>12+ years</i>
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. _____ 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.) <i>Kansas City Jackson Mo.</i>	
20f. CITY, TOWN, OR LOCATION <i>Kansas City Jackson Mo.</i>		COUNTY <i>Jackson</i> STATE <i>Mo.</i>	
21. I attended the deceased from <i>Nov. 13, 1946</i> to <i>June 18, '59</i> and last saw him alive on <i>June 13, 1959</i> Death occurred at <i>4:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>F. Stanley Forest</i>		22b. ADDRESS <i>4620 Federal Plaza</i>	22c. DATE SIGNED <i>6.19.59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>6-21-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>-</i>
23d. LOCATION (City, town, or county) <i>Salem, Missouri</i>		(State)	
24. FUNERAL DIRECTOR <i>C.H. Blackman & Son Inc. K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-19-59</i>	26. REGISTRAR'S SIGNATURE <i>neva minichall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

F. Stanley Forest

MEDICAL CERTIFICATION

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 W. C. Penning

Licensed Embalmer No. 4829

P. O. Address 152nd

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.