THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021421

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2759

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City, — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2912 E. Meyer — Length of stay in Ib: 55 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): 2625 Olive — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Kizzie Middle: L. Last: Henry

4. DATE OF DEATH: Month: June Day: 5 Year: 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 10, 1871
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): Saleswoman
10b. KIND OF BUSINESS OR INDUSTRY: Dry Goods Store
11. BIRTHPLACE (City and state or country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard ~~George F.~~ Henry
13b. MOTHER'S MAIDEN NAME: Winter Ann ~~(unknown)~~
14. NAME OF HUSBAND OR WIFE: Never Married

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.: None
17. INFORMANT: J. B. Winters, Address: 2912 E. Meyer, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — 1 yr.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

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.)
ITEM 13a & 13b CORRECTED BY AFFIDAVIT OF mother 2-1-60 JH
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 mar 1959 to June 5 59 and last saw her/him alive on June 3-59
Death occurred at 5 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm R. Jackson MD
22b. ADDRESS: 1107 Bryant Bldg
22c. DATE SIGNED: June 5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 6-8-59
23c. NAME OF CEMETERY OR CREMATORY: Elmwood
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Stine & McClure ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 6. 5. 59
26. REGISTRAR'S SIGNATURE: Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wm. R. Jackson

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 Thomas A. Koehl

Licensed Embalmer No. 4995

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.