

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021522

FILED JUN 24 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2775

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-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO 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 TRINITY INSTITUTE LUTHERAN HOSPITAL		Length of stay in 1b 65 Yrs	d. STREET ADDRESS (If outside, give location) 8043, EUCLID AVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDITH MARY McDONALD			4. DATE OF DEATH Month Day Year JUNE, 4 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE, 16 1889		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) BOLIVAR, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CLOUSE HANSON LASS		13b. MOTHER'S MAIDEN NAME ELLE MARY THOMPSON		14. NAME OF HUSBAND OR WIFE 8043, Euclid HARRY McDONALD, Kansas City.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address 8043, Euclid Ave HARRY McDONALD, 8043, Euclid, 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) <u>Acute myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary artery thrombosis</u> DUE TO (c) <u>Arterio Sclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4260					INTERVAL BETWEEN ONSET AND DEATH 3 days 5 days 1 yr
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>June 1958</u> to <u>June 4, 1959</u> and last saw her alive on <u>June 4, 1959</u> Death occurred at <u>1:10 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edw. H. Fischer M.D.</u>			22b. ADDRESS <u>306 E. 21st Ave. Kc 16 Mo</u>		22c. DATE SIGNED <u>6/5/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE, 6, 1959	23c. NAME OF CEMETERY OR CREMATORY FOREST HILL, CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI.
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMERS SONS, Kansas City, Mo 1331, Brush Creek,			25. DATE RECD. BY LOCAL REG. 6-6-59	26. REGISTRAR'S SIGNATURE <u>Neva Minshel</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Edw. H. Fischer

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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KE 1111*

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.