

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024963

F PUBLIC D VS JUL 31 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3478 STATE FILE NUMBER

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| 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, | Length of stay in 1b 61 Years | 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 8009 Prospect | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3011 East 59 Street. |

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| 3. NAME OF DECEASED (Type or print) First Mary Middle ---- Last Alff | | | 4. DATE OF DEATH Month July Day 15, Year 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 April 7, 1879 | 9. AGE (last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. | |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | 10b. KIND OF BUSINESS OR INDUSTRY Her Self | 11. BIRTHPLACE (City and state or country) Hawkeye, Iowa | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
| 13a. FATHER'S NAME James West Pfahl | 13b. MOTHER'S MAIDEN NAME Rika Hoth | 14. NAME OF HUSBAND OR WIFE Frank Alff | |

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| 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. Mary Reed Kansas City, Missouri. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | CORONARY OCCLUSION | 10 MIN |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary Sclerosis | 2 yrs. |
| | DUE TO (c) Gen Ant Scler. | 4 yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 Month, Day, Year a.m. p.m. | 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.) |
| | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

21. I attended the deceased from 1950 to 15 July 59 and last saw her/him alive on 14 July 59
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Robert M. Myers M.D. | 22b. ADDRESS 1025 RIALTO BLDG | 22c. DATE SIGNED 16 July 59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 18, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah |
| | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri. |

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| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons | ADDRESS 1331 Brush Creek Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 7-16-59 | 26. REGISTRAR'S SIGNATURE Gene Minaloff |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr Myers
Rec'd to 13 Aug.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____ Signed *Vern C*
Signature of Student Embalmer

Licensed Embalmer No. _____
P. O. Address _____

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.