

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025058

FILED JUL 17 1959

149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002 Registrar's No. 3282 STATE FILE NUMBER

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City,</b>                                      |  | Length of stay in 1b<br><del>4 yrs</del><br><b>2 yrs</b>   | c. CITY OR TOWN <b>Kansas City,</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Grosse Nursing Home 3918 Charlotte K.C.Mo.</b> |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>229 Ward Parkway</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Harry</b> Middle <b>Courtland</b> Last <b>Constable</b> |  |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>3,</b> Year <b>1959</b> |  |  |
|---|--|--|--|--|--|

|                    |                               |  |                                       |                                  |  |  |
|--------------------|-------------------------------|--|---------------------------------------|----------------------------------|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>July 29, 1885</b> | 9. AGE (last birthday) <b>73</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|--|---------------------------------------|----------------------------------|--|--|

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| 10a. OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>VICE PRES. AND DIRECTORS</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>PAINT CO. OF SALES ENTERPRISE</b> | 11. BIRTHPLACE (City and state or country)<br><b>BUNKER HILL, ILL</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
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|--|--|--|
| 13a. FATHER'S NAME<br><b>Courtland Constable</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Hanna Friedrichson</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Bess L. Constable</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>319 07 3950</b> | 17. INFORMANT<br><b>Mrs. Bess L. Constable</b><br>Address <b>229 Ward Parkway Kansas City, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>central thrombosis</b>   |  | <b>2 hrs</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>arterio-sclerosis, genl.</b> | <b>10 yrs</b>  |
|   | DUE TO (c)                                 |  |
| 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.<br><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.) |
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|---|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____ |
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|  |  |  |
|--|--|--|
| 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<br>COUNTY _____ STATE _____ |
|--|--|--|

21. I attended the deceased from **1954** to **7/3/59** and last saw <sup>her</sup>him alive on **6/30/59**  
Death occurred at **445 P** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                             |  |                                   |
|--|-----------------------------|--|-----------------------------------|
| 22a. SIGNATURE<br><b>Annie A. New MD</b> | (Degree or title) <b>MD</b> | 22b. ADDRESS<br><b>Kansas City, Mo</b> | 22c. DATE SIGNED<br><b>7/4/59</b> |
|--|-----------------------------|--|-----------------------------------|

|   |                                  |  |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b> | 23b. DATE<br><b>JULY 6, 1959</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>D. W. NEWCOMER'S SONS</b> | 23d. LOCATION (City, town, or county) (State)<br><b>KANSAS CITY, MO.</b> |
|---|----------------------------------|--|--|

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| 24. FUNERAL DIRECTOR<br><b>D. W. Newcomer's Sons</b><br>ADDRESS <b>1331 Brush Creek Blvd. K. C. Missouri</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-6-59</b> | 26. REGISTRAR'S SIGNATURE<br><b>New Marshall</b> |
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DOCUMENT

James A. Jarvi MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ed Tolan*

Licensed Embalmer No. 4481

P. O. Address Kanoo b

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co  
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.