

FILED VS SEP 4 1959

149

Primary Registration District No. 1002

Registrar's No. 4079

59-029069

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Clay</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in lb <b>15 hrs</b>		c. CITY OR TOWN <b>North Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hosp</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1221 E. 22<sup>nd</sup> Ave</b>	
3. NAME OF DECEASED (Type or print) <b>NORVEL FALLS</b>				4. DATE OF DEATH Month <b>8</b> Day <b>19</b> Year <b>59</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>12-1-1911</b>	
9. AGE (last birthday) <b>47</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Masonry construction - self</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>self</b>		11. BIRTH PLACE (City and state or country) <b>Lamar, Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Fred Falls</b>		13b. MOTHER'S MAIDEN NAME <b>Rearl Pickett</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		SOCIAL SECURITY NO. <b>486-03-6634</b>		17. INFORMANT Name <b>Mrs Daisy Rene</b> Address <b>8908 Holly</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolus</b> DUE TO (b) <b>acute stenosis &amp; sclerosis of</b> DUE TO (c) <b>acute valvul.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Geo C. Kea Inoué</b>				22b. ADDRESS <b>6627 North 5<sup>th</sup> Ave</b>		22c. DATE SIGNED <b>8-20-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-22-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Clay Co Mo</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomer</b>		ADDRESS <b>San N.K.C.</b>		25. DATE RECD. BY LOCAL REG. <b>8-22-59</b>		26. REGISTRAR'S SIGNATURE <b>Hera Marshall</b>	

DOCUMENT

BY AFFIDAVIT OF GEO. C. KEA INOUÉ, 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed *William H. Hill*

Licensed Embalmer No. 450

P. O. Address K.C. 16, Mo.

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