I DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59–029194
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4231

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in Ib: 30 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Albritten Rest Home
Inside Limits: Yes ☑ No ☐

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): 3326 Agnes
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Katie Middle: Last: Malone

4. DATE OF DEATH: Month Aug. Day 27 Year 1959

5. SEX: Female

6. COLOR OR RACE: Col

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 2/14/1883

9. AGE (last birthday): 76
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Cooper Co., Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John O'Brian

13b. MOTHER'S MAIDEN NAME: Caroline —

14. NAME OF HUSBAND OR WIFE: Hillard Malone

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.: —

17. INFORMANT: Dora Johnson
Address: 3326 Agnes

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio - Renal Disease
DUE TO (c):
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.
☐ Yes ☐ No ☐ Unknown

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.)

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 August 2, 1959, to August 27, 1959 and last saw her alive on August 27, 1959
Death occurred at 4:20 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George H. Taft, MD

22b. ADDRESS: 2204 East 18th Street, Kansas City, Missouri

22c. DATE SIGNED: 8/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: SEPT. 1, 1959

23c. NAME OF CEMETERY OR CREMATORY: BLUE RIDGE LAWN

23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

24. FUNERAL DIRECTOR: Brown-Hudson
ADDRESS: KC., Mo.

25. DATE RECD. BY LOCAL REG.: 8-31-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF George H. Taft

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

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 c
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.