DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4181

59-029319
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 62 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TRINITY LUTHERAN
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): 801 BENTON BLVD.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Norma Middle: L Last: Sloan
4. DATE OF DEATH: Month Day Year: AUG 25, 1959
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6 6 78
9. AGE (last birthday): 81 yrs.
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): RETIRED ASST BUYER PECK'S
10b. KIND OF BUSINESS OR INDUSTRY: DEPT NEEDLEWORK
11. BIRTHPLACE (City and state or country): WHITEHAVEN ENGLAND
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: EDWARD SLOAN
13b. MOTHER'S MAIDEN NAME: ELIZABETH WITHERS
14. NAME OF HUSBAND OR WIFE: NONE
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.: UNKNOWN
17. INFORMANT: JOHN R. MOBERLY Address: 1012 WEST 69th TERR

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Artery Arteriosclerosis — 10 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Basal neck and inter-trochanteric fracture of left femur
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.): FELL TO FLOOR IN A NURSING HOME
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: Aug. 23 1959
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.): NURSING HOME
20f. CITY, TOWN, OR LOCATION: KANSAS CITY COUNTY: JACKSON STATE: MO.
21. I attended the deceased from AUG. 24, 1959 to AUG 25, 1959 and last saw her alive on AUG 25, 1959
Death occurred at 3:10 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert A Moore (Degree or title) M. D.
22b. ADDRESS: 106 W. 14th St. K.C. Mo.
22c. DATE SIGNED: Aug 26 1959
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUG 27, 1959
23c. NAME OF CEMETERY OR CREMATORY: FOREST HILL CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO
24. FUNERAL DIRECTOR ADDRESS: D. W. NEWCOMER'S SONS K. C. MO.
25. DATE RECD. BY LOCAL REG.: 8-27-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF ROBERT A. MOORE

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Vern Lawler

Signature of Student Embalmer

Licensed Embalmer No. 491

P. O. Address 156 M

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