

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029337

FILED VS SEP 14 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4184

STATE FILE NUMBER

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) Kansas City		Length of stay in lb 17 yrs.		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 Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3229 Troost		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) Theresa Sylvester				4. DATE OF DEATH Month 8 Day 26 Year 59											
5. SEX Fe.		6. COLOR OR RACE Wh.		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-23-96		9. AGE (last birthday) 63		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) Saleslady				10b. KIND OF BUSINESS OR INDUSTRY Dry Goods		11. BIRTHPLACE (City and state or country) Concordia, Mo.		12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Julius Vogt				13b. MOTHER'S MAIDEN NAME Magdalena Baepfer				14. NAME OF HUSBAND OR WIFE Walter J. Sylvester							
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. 495-09-7627		17. INFORMANT Marcelyn Sylvester, 4327 Paseo									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis										INTERVAL BETWEEN ONSET AND DEATH 6 or 7 days					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 2															
DUE TO (c) Possible fall slipping from a window															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dilatative pupils								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year 2:33				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 Concordia		COUNTY Mo.		STATE	
21. I attended the deceased from June 30, 1954 to August 26, 1959 and last saw her/him alive on August 25, 1959 Death occurred at 2:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Harold A. Pallett, M.D.						22b. ADDRESS 1132 Prof. Blvd. KC Mo.			22c. DATE SIGNED 8/26/59						
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		23b. DATE 8-28-59		23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery				23d. LOCATION (City, town, or county) Concordia Mo.							
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar				ADDRESS 20 W. Linwood		25. DATE RECD. BY LOCAL REG. 8-27-59		26. REGISTRAR'S SIGNATURE Neva Marshall							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Cr. Pallette
Pray. Bldg
2-3pm

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 Wm H. Gentry

Licensed Embalmer No. 503
P.O. Address K.E.M.

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.