URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED OCT 13 1959

59-031768

STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4702

NDED

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b 17 YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4515 N. GRAND — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY CLAY
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 4515 N. GRAND — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First GRACE Middle PULSIFER Last McFALL

4. DATE OF DEATH Month SEPT. Day 24 Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-22-1883
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) McFALL, MO
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME NERO PULSIFER
13b. MOTHER'S MAIDEN NAME SARA ANN POTTER
14. NAME OF HUSBAND OR WIFE EVERT McFALL

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. NONE
17. INFORMANT SARA McFALL Address 4515 N. GRAND

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Pulmonary Edema	45 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Congestive heart failure	45 min
DUE TO (c)	Arteriosclerotic Heart disease	4 yrs

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 1955, to Sept 24-59 and last saw her/him alive on Sept 24, 1959
Death occurred at 2:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John B. Withrow M.D.
22b. ADDRESS 2730 S. Mall Kansas City 16 Mo.
22c. DATE SIGNED 9-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/28/59
23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
23d. LOCATION (City, town, or county) Liberty, Mo (State)

24. FUNERAL DIRECTOR D.W. Newcomers Sons N.K.C. ADDRESS
25. DATE RECD. BY LOCAL REG. 9-28-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF John B. Withrow MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John V. Henrick

Licensed Embalmer No. 4848

P. O. Address K. G. 17 V

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