URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959 149 Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4348

59-032267
STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY: Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 65 yrs	c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes — Inside Limits: Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location): 436 West 63rd — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ISABEL Middle: Last: CLAYCOMB		4. DATE OF DEATH Month: Sept Day: 4 Year: 1959	
5. SEX: Fe.	6. COLOR OR RACE: Wh.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: Nov. 22, 1893
9. AGE (last birthday): 65	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): Kansas City, Mo	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles A. Peake	13b. MOTHER'S MAIDEN NAME: Isabella Thayer	14. NAME OF HUSBAND OR WIFE: Edward D. Claycomb	
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: Edward D. Claycomb Address: 436 W. 63rd	

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)	Cerebral thrombosis	2 wks
DUE TO (b)	Cerebral arteriosclerosis	10 yrs
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertensive cardiovascular disease

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. 4, 1959 and last saw her alive on Sept 4, 1959

Death occurred at 6:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. L. Slentz, MD.	22b. ADDRESS: 4620 Nichols Parkway Kansas City, Mo.	22c. DATE SIGNED: 9/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Sept 8, 1959	23c. NAME OF CEMETERY OR CREMATORY: Forest Hill	23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS: Stine & McClure, Kansas City, Mo	25. DATE RECD. BY LOCAL REG.: 9-8-59	26. REGISTRAR'S SIGNATURE: Neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. L. Slentz

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Behan W. Meeker

Signature of Student Embalmer

Licensed Embalmer No. 507

P. O. Address K.C., Mo

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