RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032393

STATE FILE NUMBER

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4539

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: 52 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
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): 1917 East 69th Terrace
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Joseph Middle: B Last: Houston

4. DATE OF DEATH: Month: September Day: 17 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct. 5 1906
9. AGE (last birthday): 52
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): Tool Designer Bendix Aviation Corp.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kansas City Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Frank Houston
13b. MOTHER'S MAIDEN NAME: Anna Marie Fitzgibbon
14. NAME OF HUSBAND OR WIFE: Marcelline Houston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-07-8922
17. INFORMANT: MRS. Mar. Marcelline Houston Address: Kansas City Missouri 1917 East 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): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombosis of Right Coronary Artery — 1 day
DUE TO (c): Coronary Atherosclerosis, severe — 1 yr. +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Previous Lateral Myocardial infarction July 1959
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 July 1, 1959, to Sept. 17, 1959 and last saw her/him alive on 17 Sept. 1959
Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Philip G. Kaul

22a. SIGNATURE (Degree or title): Philip G. Kaul MD.
22b. ADDRESS: 411 Nichols Rd.
22c. DATE SIGNED: 18 Sept. 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/19/1959
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W. Newcomers Sons
ADDRESS: 1331 Brush Creek Blvd. Kansas City Missouri
25. DATE REC'D BY LOCAL REG.: 9-18-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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 Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 493

P. O. Address 1 10 Ni

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