URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036313

FILED VS OCT 16 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4767 STATE FILE NUMBER

MENDED

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: 1 Day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA St Mary's Hosp — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kans. b. COUNTY Miami
c. CITY OR TOWN Drexel — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GEORGE Middle NELSON Last
4. DATE OF DEATH: Month 10 Day 1 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-25-1924
9. AGE (last birthday): 35 — 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): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: auto
11. BIRTHPLACE (City and state or country): Cass County, Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Geo. E. Nelson
13b. MOTHER'S MAIDEN NAME: Grace Davis
14. NAME OF HUSBAND OR WIFE: Mildred

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW #2
16. SOCIAL SECURITY NO.: 493-22-1627
17. INFORMANT: Mildred Nelson, Address: Drexel Kans.

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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo. C. Kealhofer Sr. Deputy Coroner
22b. ADDRESS: 6627 Prospect Kansas
22c. DATE SIGNED: 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-2-1959
23c. NAME OF CEMETERY OR CREMATORY: Orient Cem.
23d. LOCATION (City, town, or county) (State): Harrisonville, Mo

24. FUNERAL DIRECTOR: Runnenburger
ADDRESS: Harrisonville Mo.
25. DATE RECD. BY LOCAL REG.: 10-2-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Geo. C. Kealhofer

SA OCT 19 1959

MAR 29 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leonard Passantino
Signature of Student Embalmer

Licensed Embalmer No. 4554

P. O. Address KC Mo

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