URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59–040030

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5669

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 20 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6205 Tracy
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) 6205 Tracy
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Bertie Middle: Franklin Last: Endsley

4. DATE OF DEATH Month, Day, Year: Nov. 22, 1959

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-5-1903

9. AGE (last birthday): 56

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): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Orrick, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Everet Endsley

13b. MOTHER'S MAIDEN NAME: Jenny Black

14. NAME OF HUSBAND OR WIFE: Mary F. Ensley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W. W. II

16. SOCIAL SECURITY NO.: 487-01-3942

17. INFORMANT: Wife Address: 6205 Tracy K. C. Mo.

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) acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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

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 1954, to Nov. 22, 1959 and last saw her/him alive on Nov. 22, 1959
Death occurred at 10:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E Robert Nigro MD

22b. ADDRESS 1222 Mc Gee, K. C. Mo.

22c. DATE SIGNED 11-23-59

BY AFFIDAVIT OF Robert Nigro

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 11-25-1959

23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery

23d. LOCATION (City, town, or county) (State) Orrick, Mo.

24. FUNERAL DIRECTOR Good Funeral Home, ADDRESS Orrick, Mo.

25. DATE RECD. BY LOCAL REG. 11-24-59

26. REGISTRAR'S SIGNATURE. Neva Marshall

(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 me

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles T. Tyler

Signature of Student Embalmer

Licensed Embalmer No. 4534

P. O. Address Liberty NC

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