DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

59–040586
STATE FILE NUMBER

MENDED

Registration District No. 146 Primary Registration District No. 5569 Registrar's No. 557

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: 10 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5905 EAST 93rd STREET — 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) 4322 WARWICK BLVD. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ANNIE Middle PEYTON Last SURGHNOR
4. DATE OF DEATH Month DEC Day 4 Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH JAN 10 1861
9. AGE (last birthday) 98 yrs. — 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) ACCOUNTANT
10b. KIND OF BUSINESS OR INDUSTRY BUREAU OF PRINTING WASHINGTON D.C.
11. BIRTHPLACE (City and state or country) MIDDLEBURG VIRGINIA
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME UNKNOWN SURGHNOR
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE NONE
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 T. GOODWIN LYON Address 1010 BRENTWOOD CIRCLE

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility
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 Nov 2 1959 to Dec 4, 1959 and last saw her/him alive on Nov 2, 1959
Death occurred at 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marian Spencer (Degree or title) MD
22b. ADDRESS 11610 So 71 Highway
22c. DATE SIGNED 12/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE DEC 7, 1959
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM
23d. LOCATION (City, town, or county) (State) K. C. MO.

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C. MO — ADDRESS
25. DATE RECD. BY LOCAL REG. 12-6-59
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER MAR 31 1960

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 Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 493

P. O. Address KC Mo

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.