URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030677
STATE FILE NUMBER

FILED VS SEP 12 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4445

NDED

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: 40 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: TRINITY LUTHERAN HOSPITAL — Inside Limits: Yes X 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 X No ☐
d. STREET ADDRESS (If outside, give location): 2 Jansen Place — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First JACK Middle GLENN Last MANGOLD
4. DATE OF DEATH: Month AUGUST Day 29 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐ Married
8. DATE OF BIRTH: Oct. 28, 1898
9. AGE (last birthday): ~~62~~ 61 — 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): Barber & OWNER SHOP
10b. KIND OF BUSINESS OR INDUSTRY: 220 EAST 10TH STREET
11. BIRTHPLACE (City and state or country): Amsterdam, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Mangold
13b. MOTHER'S MAIDEN NAME: Viola Brayton
14. NAME OF HUSBAND OR WIFE: Gladys Mangold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): War 1 & 2
16. SOCIAL SECURITY NO.: 497-36-5890
17. INFORMANT: Mrs Gladys Mangold, 2 Jansen Place — Address: Kansas City, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — 3 hrs.
DUE TO (c): Arteriosclerotic Heart Disease — 5-10 yrs
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

MEDICAL CERTIFICATION

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 Oct-1959 to Aug 29-1960 and last saw him alive on Aug-29-1960
Death occurred at 10:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Don Carlos Peete

22a. SIGNATURE: Don Carlos Peete (Degree or title) MD
22b. ADDRESS: 1500 Prof. Bldg
22c. DATE SIGNED: 8-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: AUGUST 30, 1960
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 8-30-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

NOV 23 1960

AA

SEP 19 1960

OCT 18 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Basil V. Hom

Signature of Student Embalmer

Licensed Embalmer No. 4724

P. O. Address K.C., 30,

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.