

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-008703**

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1122

STATE FILE NUMBER

**FILED MAR 30 1961**

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Slentz  
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ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in 1b <b>22 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>434 EAST MEYER BLVD.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ROY</b> Middle <b>MARCUS</b> Last <b>CONE</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>3</b> Year <b>1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/31/96</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RESTAURANT OWNER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ROY RAY DRIVE IN GALVESTON, TEXAS</b>		11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>	
13a. FATHER'S NAME <b>MARCUS J. CONE</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH CRODE</b>		14. NAME OF HUSBAND or WIFE <b>NORA MAE CONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.I &amp; W.W.II</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>NORA MAE CONE</b> Address <b>434 EAST MEYER BLVD. KANSAS CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atherosclerotic cerebral arteries</b>					<b>3 yrs.</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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 <b>May 1958</b> to <b>March 2, 1961</b> and last saw <sup>her</sup> him alive on <b>3/2/61</b> Death occurred at <b>1:20 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>E. J. Slentz - M.D.</b>			22b. ADDRESS <b>4620 Nichols Parkway, Kansas City, Missouri</b>		22c. DATE SIGNED <b>3/3/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>3/6/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>HOUSTON TEXAS</b>	
24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b>		ADDRESS <b>1331 BRUSH CR. KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-3-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

