

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038637

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5171

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 25 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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> 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>57 yrs.</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>330 So. OAKLEY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>330 So. OAKLEY</b>
3. NAME OF DECEASED (Type or print) First <b>EDITH</b> Middle <b>SURELDA</b> Last <b>CODER</b>		4. DATE OF DEATH Month <b>OCTOBER</b> Day <b>11</b> Year <b>1962</b>	
5. SEX <b>FEMALE</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>8-21-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>
13a. FATHER'S NAME <b>HENRY TALLEY</b>		13b. MOTHER'S MAIDEN NAME <b>RUTH PIERCE</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM H.</b>
15. WAS DECEASED EVER, IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>WILLIAM H. CODER</b> Address <b>330 So. OAKLEY</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>Chronic myocardial infarction</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Cerebral encephalomalacia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral encephalomalacia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 9 61</b> to <b>10-11-62</b> and last saw her alive on <b>10-9-62</b> Death occurred at <b>9:45 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>P. Kienberger</b>		22b. ADDRESS <b>5246 Ft. John</b>	
22c. DATE SIGNED <b>10/12/62</b>		22d. STATE <b>(State)</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>10-13-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WOODLAWN CEM.</b>	23d. LOCATION (City, town, or county) <b>KANSAS CITY, KANSAS</b>
24. FUNERAL DIRECTOR <b>C.H. BLACKMAN &amp; Son Inc. K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

Signature of Student Embalmer

Signed

*Julius B. Baird*

Licensed Embalmer No.

4888

P. O. Address

RC 24, MO

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