

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37420

State File No.

4890

FILED DEC 1 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 47 years		d. STREET ADDRESS (If rural, give location) 4018 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3708

3. NAME OF DECEASED a. (First) MRS. MARIE b. (Middle) A c. (Last) LISTON			4. DATE OF DEATH Nov 12 1951 (Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 16 1885	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Humbolt, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Michael O'Connor		13b. MOTHER'S MAIDEN NAME Margaret Costello		14. NAME OF HUSBAND OR WIFE Daniel Liston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Daniel Liston ADDRESS 4018a Madison	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis arteriosclerosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last: DUE TO (b) Chronic arteriosclerosis DUE TO (c) Chronic arthritis				42	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		—				—	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		—			

22. I hereby certify that I attended the deceased from one year, 1950, to 11-12, 1951, that I last saw the deceased alive on 11-12, 1951, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE T. B. Bourke (Degree or title)		23b. ADDRESS 1207 Riatta Bldg. K.C., Mo		23c. DATE SIGNED 11-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 15 1951		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery, Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 11-15-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Robin C. West ADDRESS 20 West Linwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed: *Forrest D. Coldman*

Licensed Embalmer No. *4714*

P. O. Address: *K. C. 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 this body is not embalmed, fact should be so stated above.