

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41751**
5277

FILED DEC 26 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 HENRY		
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 17 days		c. CITY (If outside corporate limits, write RURAL and give township) Windsor
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location) 401 E. Florence St.		
3. NAME OF DECEASED (Type or Print) Clavisse		a. (First) Muir	b. (Middle)	c. (Last)
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-24-1899		9. AGE (In years last birthday) 52		10. IF UNDER 1 YEAR Months Days
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) Betha co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm. H. Myers		13b. MOTHER'S MAIDEN NAME Sally Johnston
14. NAME OF HUSBAND OR WIFE Maurice D. Muir		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 495-21-7499
17. INFORMANT'S SIGNATURE OR NAME MAURICE D. MUIR		ADDRESS WINDSOR, MO		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA COLON ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) INCOMPLETE OBSTRUCTION		INTERVAL BETWEEN ONSET AND DEATH 6 mos 153X
19a. DATE OF OPERATION JULY 30 51		19b. MAJOR FINDINGS OF OPERATION COLONIC; DEC. 257 COLONOSCOPY (CANCER)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or building, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from JULY 25, 1957 , to DEC 8 , 19 57 , that I last saw the deceased alive on DEC. 2, 1957 , and that death occurred at 4:30 A. M. , from the causes and on the date stated above.				
23a. SIGNATURE P.C. Quistgard MD (Degree or title)		23b. ADDRESS 6745 Prospect Ave		23c. DATE SIGNED Dec 8 57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-8-51		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak
24d. LOCATION (City, town, or county) (State) Windsor Mo.		DATE REC'D BY LOCAL REG 12-8-51		REGISTRAR'S SIGNATURE Rosalindine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE DW. Newcomer's Sons		ADDRESS Kansas City Mo.		

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.....

Robert Ray

Licensed Embalmer No.

14183

P. O. Address.....

Kansas City, 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.