

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14131

State File No.

FILED APR 16 1953

1738

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>479-3</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		e. STREET ADDRESS (If rural, give location) <u>829 N. Montgall</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maria</u>	b. (Middle)	c. (Last) <u>DeKuer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 28 - 1953</u>
-------------------------------------	-------------------------	-------------	-------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>12/19/79</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 6 HRS. Hours	IF UNDER 1 MIN. Min.
-----------------	---------------------------	---	----------------------------------	---	------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belgium</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--	---	---	--

13a. FATHER'S NAME <u>Au Deu</u> <u>HENRY AU DEU</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISE FORDOEN</u>	14. NAME OF HUSBAND OR WIFE <u>ALOYSIUS DEKUR</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Sunderman Kcku</u>	ADDRESS
--	-----------------------------------	--	---------

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, asphyxia, 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) <u>Carcinoma of breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (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 3-24, 1953, to 3-28, 1953, that I last saw the deceased alive on 3-28, 1953, and that death occurred at 6:10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns MD</u> (Degree or title)	23b. ADDRESS <u>General Hospital No. 1</u>	23c. DATE SIGNED <u>3-28-53</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3/30/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SE MARYS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-30-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SHEIL'S</u> ADDRESS <u>K.C. MO</u>
---	--	--

WRITE PLAINLY—USING UNFADING BLACK INK

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 Edward B. Merritt, Student Embalmer No. 49
working under my personal supervision..

Student Edward B. Merritt
Signature of Student Embalmer

Signed John R. Sheil
Licensed Embalmer No. 36

P. O. Address K. C. M.

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