

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35978
4938

State File No.

FILED OCT 28 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. _____

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| 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>5 yr.</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>NORTHEAST RESTORIUM</u> | | e. STREET ADDRESS (If rural, give location) <u>4009 MORRELL</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>FLORENCE</u> | b. (Middle) <u>WINIFRED</u> | c. (Last) <u>MAIBOUR</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 12, 1953</u> |
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| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | 8. DATE OF BIRTH <u>OCT. 16, 1867</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 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>AT HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>TORONTO, CANADA 2</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>P. A. LOFTUS</u> | 13b. MOTHER'S MAIDEN NAME <u>ANNA O'BRIEN</u> | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM MAIBOUR</u> |
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| 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>*****</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>ISABELLE CHERRY</u> | ADDRESS <u>4009 MORRELL K.C. MO</u> |
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| 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) <u>Lobar Pneumonia</u> | | <u>1 day</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma of Lung</u> | | <u>2 months</u> |
| | DUE TO (c) <u>Carcinoma of st. Breast</u> | | <u>2 years</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Cardiovascular Disease</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>170X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from July 24, 1953, to Oct 12, 1953, that I last saw the deceased alive on Sept 26, 1953, and that death occurred at 10:05 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Robert L. Ward, M.D.</u> (Degree or title) | 23b. ADDRESS <u>3626 Indep. Ave.</u> | 23c. DATE SIGNED <u>10-13-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u> | 24b. DATE <u>OCT. 14, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>10-14-53</u> | REGISTRAR'S SIGNATURE <u>Genevieve Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackburn & Son Inc.</u> | ADDRESS |
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K.C. 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.....
Signature of Student Embalmer

Signed *W. C. Rine*.....

Licensed Embalmer No. *4879*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.