

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1407**
398
Registrar's No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | |
|--|---------------------------|---|--|---|--|---|--|------------------------|
| FILED FEB 11 1954 | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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>40 YRS</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUCES HOSP.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>301 W. 51st.</u> <u>3148</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> | | b. (Middle) <u>J.</u> | | c. (Last) <u>LIST</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>24</u> <u>54</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>Apr. 21, 1878</u> | | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Days | IF UNDER 4 HRS. Hours | IF UNDER 15 MIN. Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>York, Pa.</u> <u>1</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>Peter Auers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise Von Ottinein</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wm. List</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>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Kilty, 301 W. 51st, K.C., Mo.</u> | | | | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | | | DUPLICATE (b) <u>Fracture of rt Hip</u> | | | <u>14 days</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | DUPLICATE (c) | | | <u>42 days</u> | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | DUPLICATE (d) | | | <u>9020</u> <u>21</u> | |
| 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.) <u>home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>12</u> STATE <u>3</u> <u>Kansas City, Jackson Mo.</u> | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 14 1953</u> <u>8 AM.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Fall from chair.</u> | | | | |
| 22. I hereby certify that I attended the deceased from <u>12-14, 1953</u> , to <u>1-24, 1954</u> , that I last saw the deceased alive on <u>11-24, 1953</u> , and that death occurred at <u>2:15</u> a.m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Arnold V. Arms</u> (Degree or title) <u>MD</u> | | | | 23b. ADDRESS <u>4635 W. Yandotte K. City Mo.</u> | | 23c. DATE SIGNED <u>1/25/54</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-26-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | | |
| DATE REC'D BY LOCAL REF. <u>1-25-54</u> | | REGISTRAR'S SIGNATURE <u>Staldine Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MELLOY-MCBILLEY-EYLAR - K.C. MO</u> | | | | |

Dr. Arme
4635 Wyandotte

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 *James E. Jackson*

Licensed Embalmer No. *45*

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.