

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4732**
Registration No. **357**

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 OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 50 YEARS		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 1308 PROSPECT AVENUE		STREET ADDRESS (If rural, give location) 1308 PROSPECT AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) ANN c. (Last) DAVIES		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 23, 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 27, 1875
9. AGE (In years last birthday) 79		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRESSMAKER		11. BIRTHPLACE (City and State or Foreign Country) GREEN COUNTY, INDIANA	
13a. FATHER'S NAME BANNISTER HAYWOOD		14. NAME OF HUSBAND OR WIFE UNKNOWN DAVIES	
13b. MOTHER'S MAIDEN NAME SARAH MEEK		14. NAME OF HUSBAND OR WIFE UNKNOWN DAVIES	
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 MRS. CARA GALUTIA ALMA, KANSAS		ADDRESS ALMA, KANSAS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES		1 year	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		4-2-22	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		10 years	
DUE TO (b) Myocarditis			
DUE TO (c) Diabetes Mellitus			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. AUTO. SY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21f. HOW DID INJURY OCCUR?	
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 Jan 4, 1955 , to Jan 23, 1955 , that I last saw the deceased alive on Jan 23, 1955 , and that death occurred at 5:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE A. C. Gacioppo (Degree or title) D. O.		23b. ADDRESS 2717 Rockstar Kansas City, Mo	
23c. DATE SIGNED 1-24-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY KANSAS CITY MISSOURI	
24b. DATE JAN. 26, 1955		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 1-26-55		25. FUNERAL DIRECTOR'S SIGNATURE N. J. Newcomer ADDRESS 1331 CROSS CREEK KANSAS CITY, MISSOURI	
REGISTRAR'S SIGNATURE Neva Minshall			

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

James H. Boyer

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 *Robert G. Boyer*
.....

Licensed Embalmer No. *489*

P. O. Address *K.C. 10, 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.