

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26025****3310**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 3310		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY OR TOWN Kansas City		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 Good heperd Convent				STREET ADDRESS (If rural, give location) 6724 Troost Ave. 3868				
3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary of St. Ernestine			b. (Middle) (Regina Boudousquie)			c. (Last) (Regina Boudousquie)		
4. DATE OF DEATH (Month) (Day) (Year) July 31, 1955								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 7, 1891		
9. AGE (In years) (Month) (Days) 64 years		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Religious			10b. KIND OF BUSINESS OR INDUSTRY Teaching Sister			11. BIRTHPLACE (City and State or Foreign Country) New Orleans, La. 1		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Joseph Boudousquie		13b. MOTHER'S MAIDEN NAME Marie d'Aunoy		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mother Superior, Good heperd				
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 6724 Troost Ave I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rt breast 3 years ANTECEDENT CAUSES Metastasis Generalized DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND 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) m.		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 <u>Aug</u> , 19 <u>54</u> , to <u>July 31</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>July 28</u> , 19 <u>55</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE Marcus B. Bond (Degree or title) Dr				23b. ADDRESS Kansas City, Mo		23c. DATE SIGNED Aug 1 '55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 2, 1955		24c. NAME OF CEMETERY OR CREMATORY St. Mary's		24d. LOCATION (City, town, or county) (State) K.C.Mo.		
DATE REC'D BY LOCAL REG. 8-2-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Quirk ADDRESS 4316 Troost Ave				

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 37

P. O. Address.....

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.