

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36936

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4850

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(ship)) Kansas City		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Kansas	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		5. STREET ADDRESS (If rural, give location) 3531 Warwick			

3508
0

3. NAME OF DECEASED (Type or Print) a. (First) MARY			b. (Middle) A.			c. (Last) MAYER			4. DATE OF DEATH (Month) (Day) (Year) 11 8 55						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-1-1979			9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days 0		IF UNDER 24 HRS. Hours Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME John Britt			13b. MOTHER'S MAIDEN NAME Margaret Mahoney			14. NAME OF HUSBAND OR WIFE Charles J. Mayer		
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Margaret Mayer, 3531 Warwick		ADDRESS	
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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, 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) Cerebral Vascular Accident		DUE TO (b) Ch. Hypertensive cardiovascular Disease				18 hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						over 5 yrs.	
						4437	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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 Feb 10, 1950, to Nov 8, 1955, that I last saw the deceased alive on Nov 7, 1955, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Glen H. Broyles</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1232 Professional Bldg</u>		23c. DATE SIGNED <u>11-10-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-11-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
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DATE REC'D BY LOCAL REG. 11-10-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar		ADDRESS 1600 E. Linwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. G. H. Baker
Pres. 12-1-16

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. 290
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.