

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1288

State File No. ....

FILED JAN 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 6

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Joseph A. Fogarty

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>18 years</b>		e. STREET ADDRESS (If rural, give location) <b>5331 Highland Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters Home</b>		3758	
3. NAME OF DECEASED a. (First) <b>Mrs</b> b. (Middle) <b>Mary</b> c. (Last) <b>Jane Buttumore</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-1-56</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 15, 1873</b>
9. AGE (In years last birthday) <b>82 years</b>		10. AGE (In years) IF UNDER 1 YEAR IF UNDER 1 MONTH IF UNDER 1 DAY IF UNDER 1 HOUR IF UNDER 1 MIN. <b>82 years</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>William Buttumore</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Little Sisters of the Poor N.C.M.</b> ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>	
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 <b>3/19</b> <b>1955</b> to <b>1-1</b> , <b>1956</b> , that I last saw the deceased alive on <b>12/31</b> , <b>1955</b> , and that death occurred at <b>5331</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Joseph A. Fogarty</b> (Name or title)		23b. ADDRESS <b>5811 Truman Blvd. St. Louis</b>	23c. DATE SIGNED <b>1/2/56</b>
24a. BURIAL/CREMATION REMOVAL (Specify)	24b. DATE <b>1-13-56</b>	24c. NAME OF GEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-3-56</b>	REGISTRAR'S SIGNATURE <b>Neve Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thos. G. Quirk</b> ADDRESS <b>4315 Troost</b>	

**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 *Thomas J. [Signature]*

Licensed Embalmer No. *377*

P. O. Address *[Signature]*

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.