

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. 397

BIRTH NO. _____		REG. DIST. NO. <u>393</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write R.U.R. and give township) <u>Kansas City North</u>		c. LENGTH OF STAY (In this place) <u>5 mo</u>		c. CITY OR TOWN <u>Kansas City North</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>208 E-43 North</u>				e. STREET ADDRESS (If rural, give location) <u>106 208 E-43 North 5068</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u>			b. (Middle) _____		c. (Last) <u>Larey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 - 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 9 - 1870</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 25 Months <u>17</u> Days _____	IF UNDER 14 Hrs. _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Altoona, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Chas A Phillipsburg</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Hutchinson</u>		14. NAME OF HUSBAND OR WIFE <u>Stonewall P. Larey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs John Offutt, 208 E-43 North, P.O. No. 700</u>			
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) <u>coronary occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary sclerosis</u> <u>5 yr</u>					
		DUE TO (c) <u>Generalized arteriosclerosis</u> <u>15 yrs</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid arthritis</u>					<u>4201</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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>12-23, 1954</u> to <u>Jan 22, 1956</u> , that I last saw the deceased alive on <u>Jan 22, 1956</u> and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. C. Thurman</u> (Degree or title) _____				23b. ADDRESS <u>700 118th Parkville Mo</u>		23c. DATE SIGNED <u>1-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 28 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-28-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Leland G Francis Parkville</u>			

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

No. 300  
10-48

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 *Leland H. Francis*.....

Licensed Embalmer No. *345*.....

P. O. Address *Parkville*.....

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.