

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20641

State File No. _____

FILED JUL 6 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2504

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 township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **Unknown**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital No. 1**

e. STREET ADDRESS (If rural, give location) **1312 Jefferson** **31180**

3. NAME OF DECEASED
(Type or Print) a. (First) **Phoebe** b. (Middle) _____ c. (Last) **Molineux**

4. DATE OF DEATH (Month) (Day) (Year)
6 5 1956

5. SEX
Female

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, or WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Sept. 5, 1881

9. AGE (In years last birthday) **74**

IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housework

10b. KIND OF BUSINESS OR INDUSTRY
Home

11. BIRTHPLACE (City and State or Foreign Country)
England 7

12. CITIZEN OF WHAT COUNTRY?
U. S. A.

13a. FATHER'S NAME
Unknown

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
Joseph Molineaux

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 ADDRESS
Mrs. Arthur Howard 4327 Benton

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebrovascular accident**

ANTECEDENT CAUSES
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

3317

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 56, to June 5, 19 56, that I last saw the deceased alive on June 5, 19 56 and that death occurred at 4:10 P. M., from the causes and on the date stated above.

23a. SIGNATURE **B. I. Burns (Degree or title)**
B. I. Burns, M.D.

23b. ADDRESS
24th & Cherry

23c. DATE SIGNED
6-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
6-7-56

24c. NAME OF CEMETERY OR CREMATORY
Forest Hill

24d. LOCATION (City, town, or county) (State)
Kansas City; Missouri

DATE REC'D BY LOCAL REG. **REGISTRAR'S SIGNATURE**
6-7-56 *Melva Minshall*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Mellody-McGilley-Eylar 1800 E. Linwood

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

10. 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.....
Arthur Eugene H.

Licensed Embalmer No. *491*

P. O. Address *K.C. 7*

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.