FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34087

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4430

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Gen'l Hosp. #1 — Length of stay in Ib: 30 yrs 3 M 4 D

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 306 N. Denver — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Marguerite Middle: Last: Loer

4. DATE OF DEATH: Month 10 Day 10 Year 1956

5. SEX: Fe

6. COLOR OR RACE: Wh

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 7-18-1894

9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: xx

11. BIRTHPLACE (City and state or country): Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles E. Stone, Jr.

14. MOTHER'S MAIDEN NAME: Effie Lacy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xx

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs.J.A.Smith,306 N.Denver, KC Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 4 200

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct.7,1956, to Oct.10,1956 and last saw her alive on Oct.10,1956. Death occurred at 4:45.A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B.I.Burns M.D. (Degree or title) B.I.Burns

22b. ADDRESS: 24th & Cherry

22c. DATE SIGNED: 10-10-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-13-56

23c. NAME OF CEMETERY OR CREMATORY: Woodlawn

23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR ADDRESS: Wagner Funeral Home, K.C. Mo

25. DATE RECD. BY LOCAL REG.: 10-12-56

26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. L. Hanschild

Licensed Embalmer No 32

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.